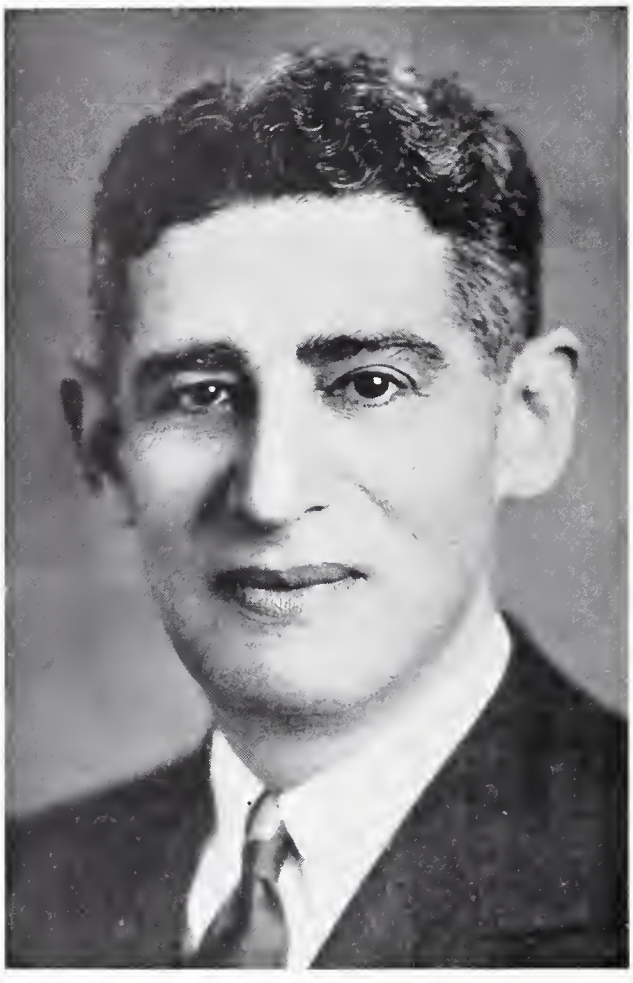

SIDNEY J. WOLFERMANN, M. D.
Fort Smith
President, Arkansas Medical Society
1938-39

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PRESIDENT'S ADDRESS TO THE GENERAL SESSION ARKANSAS MEDICAL SOCIETY

O. J. T. JOHNSTON, M. D.
Batesville

OUR RESPONSIBILITY TO THE PUBLIC

In each generation some of the best minds have devoted themselves to the study of the healing art. This will always be so. There is an allure to the practice of medicine which keeps the conscientious physician struggling on for his patient in the face of difficulty. I like to believe that it is an inherent love for humankind, which makes life's ultimate goal the universal brotherhood of man.

About four hundred years before the birth of Christ there was a great physician, Hippocrates. He became the greatest physician of his age. He was the first to recognize the error of mysticism, magic, and religion in medicine. He taught that disease was cured by the natural powers of the body. He practiced bedside observation of symptoms, examined the secretions of the body, and investigated the digestibility of various foods. He established the practice of medicine on a rational basis. He also composed a code of ethics to govern the conduct of physicians. He declared that the true physician must be a man of honor, true to himself, honorable in his dealing with all men. This ancient standard is the basis for the present code of ethics observed today by the medical profession. In this day of many codes, we of the medical profession can point with pride to our ancient code which has been a lamp to guide our members throughout all the centuries.

The changing economic and social conditions present no less a challenge to the medical man than to the business man, the agriculturist, or the industrialist. The Social Securtiy Act brings additional responsibility to an already overburdened profession. This is a responsibility we cannot dodge if the public health and maternal and child welfare sections of the Act are to be made workable for the best interests of the public and the profession.

Many other problems of importance will arise from time to time. The new Surgeon-General of the United States Public Health Service manifests a friendly attitude towards organized medicine, for which we are grateful. With so many new responsibilities and opportunities presented to the profession, let us be prepared to give a good account of ourselves.

The wise physician joins his county society and regularly attends its meetings. The state society offers an open forum for the advancement of medical thought in its Journal. With your help our Journal can be made one of the most important reservoirs of current medical thought. To each and every one of our state activities I urge your attention and invite your active interest.

The American Medical Association meetings should be attended whenever possible. The addresses and scientific exhibits are the finest in the country and merit the careful consideration of all physicians. I ask your serious consideration of all phases of the work of the American Medical Association.

The successful physician must be taught early in life that in the knowledge of health and sickness is the power to care for the well and cure the sick. He must have an inquiring disposition, a retentive memory, and an inherent and trained ability to use all of his special senses if he is to become a wise counsellor.

Perhaps your great-great-grandfather was a doctor, but he never went to medical school. He was a blacksmith who bled people and pulled teeth. Perhaps your great-grandfather was a doctor and graduated from a Class A school in 1821. He bled and he blistered and he vomited and he purged; this was about his armamentarium. He had neither ether or chloroform. Perhaps your grand-father was a doctor and graduated from a Class A school in 1857. Bacteria were unknown. His appendicitis patients died of "cramp colic" and "locked bowels." He did not know that tuberculosis

was communicable. He did not own a fever thermometer. Perhaps your father was a doctor and graduated from a Class A medical school in 1884. Diphtheria was rampant and deadly; so was typhoid fever. He had no vaccines for them, nor thyroid extract, nor adrenalin, nor pituiturin. Blood transfusion was yet to come. There was no X-ray. Radium had not been discovered. He did not have local anaesthetics. He could not even take a blood pressure. Pathological and clinical miscroscopy were just beginning. He was unaware that yellow fever was transmitted by mosquitoes, nor had he heard of hookworms.

Perhaps you as a doctor graduated from a Class A school in 1890. You did not have insulin for diabetes, nor liver extract for pernicious anemia, nor scarlet fever serum, nor the malarial treatment for paresis, nor a host of other things.

The time has come when the public should be informed regarding the qualifications of those who claim to be specialists in any department of medicine.

We are living in an age when the established order has been subjected to a critical examination in the crucible of economic unrest; when those untrained by experience and unqualified by mental inaptness render opinions obviously incompetent on one side and biased on the other.

Surely it is a sorry state of affairs when things pertaining to the actual practice of medicine are left to those who have never had any contact with the sick except as statisticians and readers. When the rules of health of the state are promuigated by those not associated in any way with the delivery of medical service it is time for organized medicine to rebel. On the air and in the press the self-appointed parade back and forth on the state of medical service, first in one role and then in another, but always cast in fanciful forms against the present-day methods of practice. It is high time that we, the organized profession of the state, known to all as the most humane and honorable body, protest against the activities of public servants who preach against us individually and collectively. Let us make a determined stand against all health agencies which capitalize illness and raise false standards of past and future achievements of medicine for their own advancement.

Let us break the chain of governmental usurpation of medical power which grew as an automatic process, one step leading to another, until either by design or by chance we have arrived at the place when for the good of the people of this country we must rend it. Once it is broken the pernicious life-taking procedure will stop.

The rules for professional conduct are the basis of all our relationships with patients and physicians but morals begin with individuals and not societies. When the sense of right is once dulled it always remains weakened. Getting money under false pretenses, fee-splitting, almost always reduce the effectiveness of the recipient. Our regulations have been conceived and are enforced for the application of the all-embracing golden rule to do unto others as you would have others do unto you. When everything seems to be going badly, when pinched by necessity and shrouded in the darkness of adversity, the tempter appears with a demand for an improper operation, an untrue witness statement, a false affidavit or a divided fee. There is nothing which so destroys moral fiber and physical power as leading a dual existence. One cannot serve the god of medicine and the idol of ill-gotten gain at the same time for inevitably the influence of the latter controls action. We know that there are very few moral delinquents in our ranks but those few bring discredit upon the entire group and they should either give up their evil ways or should get out of the society.

We, the organized profession of the state, are vitally concerned about anything which tends to reduce our efficiency; we frown upon minor infractions of our rules and grow righteously indignant when any one dares to openly break our most protective regulations by, advertising. Recently we have been chagrined and mortified by the experience of a man who attempted to elevate himself by publicizing a hospital.

It is as unethical for a hospital, clinic or dispensary to advertise as for an individual, and when an institution does, then each and every member of it is, to my mind guilty, for he hopes. to profit by such a display of physical plant or professional equipment. Hospitals are false to their trust when they advertise an unknown, untried man as capable of doing a particular kind of work and without sufficient investigation force him upon the public.

Recently an old ghost has reappeared in a new garb. I refer to so-called medical reviews, advertising journals and drug house reprints. Most of these are unethical. Do not keep them alive by allowing your good work, your successes, to reach the profession through such channels.

Let us reconsecrate ourselve to the cause of medicine and rally to the saving standards of our rules of professional conduct.

If we follow these precepts, we will indeed be prepared physicians, not only to care for the sick and to prevent illness, but also to withstand the attacks of those who wish to make physicians mere servants and the public weak supplicants.

Upon each and every one rest these obligations. We cannot, we must not falter, for if we do, an overwhelming catastrophe will overtake the practice of medicine and the protection it gives the public. Our responsibilities are many; our opportunities numerous; our heritage of medical example too sacred to be denied.

I am strong in my faith and firm in my convictions that organized medicine through the individual will meet the high professional standard and ethical plane for which I hope and you desire.

In this day and age it may still be assumed that a doctor who is worthy of the name will find his greatest reward in the satisfaction he derives from pursuing a science and from improving the lot of humanity. The fact that many doctors have placed those satisfactions first justifies the conclusion that this is not an impossible human ideal.

The majority of the medical profession are no doubt doing all that they can to raise the standard of medical practice. If there is a tinge of despair among some of the leaders, it is because the young men who are coming up, no matter how carefully they are winnowed from the thousands who apply for admission to the medical colleges, so often lack a medical conscience. The colleges are fully aware of the situation and are bending every effort to graduate only those students who are both mentally and morally fortified to practice medicine. But they can do no more than that. The future of the medical profession in fact depends upon the future of American manhood.

Medicine is not a trade—it is a profession close to the people, perhaps closer than any other—and the public will do well to keep their medical problems away from the politically-minded reformers.—Journal of the Medical Association of Georgia.

LEGAL ASPECTS OF A PATIENT'S HOSPITAL RECORD

HON. PETER A. DEISCH
Helena

A patient's hospital record may not be examined by anyone, except by order of some court, or by officers having charge of the enforcement of the criminal law, if it reasonably pertains to a bona fide investigation, which they are making. Hospital records are regarded as being mere private memoranda. They belong to the hospital, and no one has a right to inspect them, except as heretofore explained.

The qualified right of one party to compel a production of documents held by the other party is subject to be contested, depending upon considerations to be inquired of, and decided by the court before an order for production will be made.

A hospital has no right, and it is under no duty to anyone, to exhibit a hospital record of a patient, for while no law specifically forbids it, the spirit of the law means that it should not be done. Further, a hospital might be liable for libel or slander in permitting examination of a patient's record.

One of the principles of ethics of the American Medical Association, which should by analogy be observed by the management and servants of a hospital, requires that confidences concerning individual or domestic life entrusted by a patient to a physician, and the defects of disposition or flaws of character observed in patients during medical attendance should be held as a trust and should never be revealed **except when imperatively required by the laws of the State.** In other words, we have no law providing for the inspection of hospital records, and they should not be exhibited except by order of court, or to officers in the course of a criminal investigation.

IS PERMISSION OF THE PHYSICIAN NECESSARY?

The physician can give no such permission for "no physician and no trained nurse shall be compelled to disclose any information which he may have acquired from his patient while attending in a professional character, and which information was necessary to enable him to prescribe as a physician, or do any act as a surgeon or trained nurse."

This rule extends even in event of the death of the patient, and "the testimony of the phy-

sician that attended the insured during her last illness, as to the cause of her death was privileged and could not be introduced without consent of her executor or administrator.

National Benevolent Society v. Baker, 155 Ark. 506.

The notary who typed a patient's statement to the physician is incompetent to testify concerning the contents thereof.

Hogan v. Bateman, 184 Ark. 842.

The testimony of the filing clerk in a hospital respecting insured's hospital record, was excluded in

National Accident Ins. Co. v. Threlkeld, 189 Ark. 165.

IS PERMISSION OF THE PATIENT NECESSARY?

Yes, it is his privilege to have this information held inviolate, although he can waive if he so desires, but he can not be compelled to waive it. The bringing of a suit by him, for an injury, becoming a witness in his own behalf, detailing the facts, the treatment thereof, and the conditions resulting from it, does not waive the privilege granted to him by our law. The truth of the matter can not then be discovered by the evidence of doctors, after the patient has minutely disclosed and detailed the facts of the injury.

K. C. S. Ry. Co. v. Miller, 117 Ark. 405.

It is his own record and can only come into another's possession by his own voluntary act, or by the act of his personal representative after death.

IS THE PHYSICIAN'S RECORD A CONFIDENTIAL COMMUNICATION BETWEEN THE PATIENT AND PHYSICIAN?

Yes, by which the physician is bound not only by positive law, but by his ethics.

COULD A PATIENT'S RECORD SERVE AS EVIDENCE?

A patient's record is not admissible in evidence as it is "hearsay" information, which means that its force or value depends on the competency or credibility of some person other than the witness by whom it is sought to produce it. By "competency" of the witness is meant whether or not the witness will be permitted to testify. No physician can testify as to information obtained from the patient while attending him in a professional capacity, and necessary to enable him to prescribe as a physician, unless the patient gives his consent thereto.

The courts will not receive the testimony of a witness as to what some other person told him, as evidence of the existence of the fact asserted. Judicial records import absolute verity, and belong to the public, so that anyone has a right to inspect them. But hospital records are not in that category and are regarded only as private memoranda. Books of account of a shop-keeper are admitted, it is true, but this is an exception to the general rule, and has no bearing on this matter. It is said that the shop-book rule is founded on necessity, as otherwise there would be no way of proving an account, which often consists of a multitude of items.

Hospital records in Arkansas, (although not so in some other states), are held not to be admissible as evidence of the facts stated therein. In Massachusetts such records are made evidence by statute. Their sole value in legal procedure is as a memorandum to be used to refresh the memory of the person or persons who made the record. The physician who treated the patient, if he is permitted to testify, is entitled to refer to the record to refresh his recollection when testifying as to the patient's condition.

WHAT IS THE STATUS OF THE RECORD IN COMPENSATION AND MEDICAL, LEGAL PROCEEDINGS?

In no event could the patient's hospital record serve as evidence, unless it was shown who had made the record, and when that was done. The one making the record could do no more than refresh his memory from it as the document itself would be no proof under the hearsay rule. That is because of what is known as the "best evidence" rule, which requires the highest degree of proof of which the case from its nature is susceptible, or in other words, that nature of evidence shall be received which presupposes that the party who offers it can obtain no better evidence.

A court can compel production of books and papers in possession of the adverse party, and a commitment for contempt is proper in aid of such a motion.

A patient's hospital history is the property of the hospital and until production or inspection of such record is required by order of court, it should be carefully safeguarded; and used, except as heretofore noted "only for the interest of the patient."

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NEWS—Our readers are requested to send in items of news, also marked copies of newspapers containing matter of interest to the membership.

EDITORIAL

OUR PRESIDENT

Sidney J. Wolfermann, installed as the sixty-third president of the Arkansas Medical Society at the Texarkana meeting April 20th, was born at Streator, Illinois, January 7th, 1889 and attended the grade and high schools of that city. From the University of Chicago he received the degree of Bachelor of Science and his medical education was obtained at Northwestern University School of Medicine, from which institution he graduated in 1911. He served as assistant resident and resident physician, Saint Louis City Hospital, and as assistant to the chief dispensary physician of Saint Louis until he located at Fort Smith for practice October 1, 1913. During the World War he served as a first lieutenant in the regular army medical corps, attending the schools of oral and plastic surgery, orthopedic surgery and the army xray school after graduation from the Army Medical School, Washington, D. C. Upon return from army service he became one of the original partners in the Cooper Clinic of Fort Smith, with whom he remains associated. In organized medicine he has served the Sebastian County Medical Society as president and secretary and the tenth councilor district as councilor for nine years. On the council he was secretary for five years and for the last three years of his service, he was chairman. A member of the clinical staffs of Saint Edwards Mercy and Sparks Memorial Hospital, Fort Smith, he has served on the executive staffs of both, and has been both chief of staff and president of the clinical society at Saint Edwards Mercy Hospital.

His civic interests are extensive, being a member and immediate past-president of the Fort Smith Rotary Club, a member of both the York and Scottish Rite Masonic bodies, the Grotto, the Shrine and the Elks Club of Fort Smith. He was married to Elizabeth M. Moulton, only daughter of Dr. H. Moulton, Fort Smith, June 6, 1928. The couple have two daughters, Elizabeth and Linda. To his wife goes the credit for interesting him in his first hobby—fishing. She still hopes to make him a fisherman.

In recent years the Society has had no president better qualified by reason of immediate contact with the problems of organized medicine that President Wolfermann. Coming from a continuous service of nine years on the Council, a period in which far-reaching changes in the practice of medicine have been proposed and in which the medical profession has been called up for a more aggressive position in socio-economic affairs than ever before, he is well acquainted with the problems which beset the individual practitioner and the Society. Armed with the lessons of a wide experience in the affairs of organized medicine, possessed of a calm, deliberate temperament and the rare faculty of insight, the Society expects greater advances under his leadership than it has ever known.

MEDICAL SURVEY

The Council and House of Delegates of the Society have given approval to the conduct of the medical survey in Arkansas. As soon as practicable to set-up the necessary organization machinery, questionnaires and pertinent instructions will be mailed to the component county medical societies. There should be no misunderstanding of the purpose of this survey. Properly and accurately compiled, the data obtained by this survey will provide a true picture of the medical care as available in Arkansas. Analysis of the information obtained will guide county medical societies in their efforts to equalize inconsistencies as may be found.

We repeat, however, that the survey must be carefully carried out; each individual physician

and each county medical society must exert every effort to insure accurate compilation. There must be no exaggeration nor must there be minimization of the amount of free service which is rendered by the practitioners. It is, of course, appreciated that frequently this will be a guess; exact figures will not likely be available for this information. It is hoped that reasonable effort will be made to be as accurate as possible.

We are anxious that our membership becomes interested in this movement. This may be our last stand against socialized medicine. Propagandists will be deterred from this only by the presentation of figures as will cause the public to protest enactment of any governmental plan. There is a vital, personal obligation in the conduct of this survey; it is your individual responsibility. We are sure you will not fail to do your part.

EDITORIAL COMMENT

THE PROFESSION AND THE AMERICAN MEDICAL ASSOCIATION

Again the public press carries the pronouncement of the titular head of a medical organization deploring the fact that there does not exist within the governing body of the American Medical Association an opposition party. Widely-heralded by the press as fresh evidence of a break within the ranks of organized medicine, following the famous "430" who achieved their brief fanfare but a few months ago, such publicity is regretted by the steadfast members of organized medicine. These men, wearing no impressive titles, not connected with famous institutions of learning, displaying no keys symbolic of affiliation with the so-called elect, know that there is no revolt in organized medicine. Medicine is governed democratically; autocratic spokesmen to the contrary. That there is disagreement with the policies and principles of the organized profession is not denied; this is of favorable moment. The harm comes when those who disagree rush to try their case in the public forum. A mature deliberation indicates that the policies so advocated and the principles so voiced to the public are but alterations of ones which have failed to receive the approval of medicine's governing body. The medical profession has decided, after thoughtful and careful study, that these proposals are unsound. Until such time as there may be a reversal of opinion, we shall whole-heartedly support the edict of the House of Delegates of the American Medical Association. Without the American Medical Association, our profession will be naught; without the profession, the American Medical Association will be a nonentity.

THE PHYSICIAN'S RESPONSIBILTY

The deaths of eleven persons in Florida following injections of a "cancer cure" occurring but a few weeks after the fatal elixir of sulfanilamide episode certainly calls for thought on the part of physicians. The use of unapproved products and untried methods of treatment may be expected to be attended with disaster. The physician's responsibility is paramount; it is he who must take every care that the therapeutic procedure he is carrying out and the preparations which he is using have been carefully tried and tested. To do less than this is not to fulfill a responsibility to the public. The Journal reiterates that in its advertising columns and in those of other reputable medical publications, notably The Journal of the American Medical Association, are to be found only advertisements of remedies and therapeutic agents which bear the approval of the Council on Pharmacy and Chemistry of the American Medical Association. These have been thoroughly examined and tested, both by clinical means and by laboratory studies. Our advertising policy does not permit the inclusion of untried products and unproved methods. We welcome a comparison with the advertising pages of the "throw-away" publications on your desk.

THE LEGISLATOR

What do you know about the men from your community who have filed for nomination to the Arkansas Legislature? Have you investigated their past record? Do you know their viewpoints on medical matters? Are they sympathetic with the aims and ideals of organized medicine? Have you discussed with them the changing social-economic order as it affects medical men? Are they familiar with your local medical problems of a social and economic nature? We suggest that the time to learn the answers to these and other pertinent questions is now—not after the primary. This duty is a personal one; an obligation which you owe yourself and your colleagues. Will you do your part?

PROCEEDINGS OF SOCIETIES

The Prairie County Medical Society met at DeVall's Bluff April 28th for the following program: "Infection of the Urinary Tract," H. Fay H. Jones, Little Rock; "Immunization," A. C. Kirby, Little Rock, and "Ununited Fractures," Joe F. Shuffield.

J. C. Gilliam, Secretary.

The Johnson County Medical Society met in regular monthly session in the office of Dr. G. R. Siegel April 29th. Dr. Geo. L. Hardgrave presented the program, "Obstetrics and Versions." A report of the State Convention was made by Dr. Hunt and Dr. Kolb.

G. Reginald Siegel, M. D., Secretary.

The Arkansas State Pediatric Society met at Texarkana April 19th for the following program: Motion pictures of the intravenous, subcutaneous and parenteral administration of fluids, Alexis Hartman, Saint Louis; Presentation of a case of a brain anomaly, G. D. Murphy, El Dorado; Symposium of Poliomyelitis—Case histories, Jerome S. Levy, Little Rock; Pathology, A. F. DeGroat, Little Rock; Orthopedic results, W. V. Newman, Little Rock; Statistical chances of incidence of poliomyelitis in Arkansas this year, A. M. Washburn, Little Rock; Case of acrodynia, Don Smith, Hope; and Discussion of hypoglycemia, Alexis Hartmann, Saint Louis. The scientific program was followed by a round-table luncheon. Officers elected are: President, G. D. Murphy, El Dorado; Vice-president, Don Smith, Hope, and Secretary-treasurer, Madeline M. Nelson, Little Rock.

The Pulaski County Medical Society was addressed April 25th by J. N. Compton, on "Arthritis and Fibrositis."

E. H. White, Secretary.

A symposium on breast malignancy, "Preoperative Irradiation," Fred Krock; "Surgical Management," A. F. Hoge, and "Postoperative Irradiation," W. R. Brooksher, was presented before the Sebastion County Medical Society May 10th.

L. M. Henry, Secretary.

The Pulaski County Medical Society was addressed May 9th by D. T. Hyatt on "Heart Disease."

E. H. White, Secretary.

The Benton County Medical Society met in dinner session at Siloam Springs May 12th for a discussion of Farm Administration medical practice and of group hospitalization.

Geo. M. Lovell, Secretary.

The Mississippi County Medical Society was addressed May 3rd by C. H. Heacock, "Treatment of Cancer of the Breast"; J. P. Long, "Antepartum Hemorrhage"; and Wm. C. Chaney, "Diseases of the Thyroid Gland," all speakers of Memphis.

F. D. Smith, Secretary.

The third annual conference of County Medical Society Secretaries in Arkansas was held at the Grim Hotel, Texarkana, April 18th, with S. D. Neely, Secretary, Muskogee (Oklahoma) County Medical Society as guest speaker. Thos. Douglass, Ozark, was elected as chairman of the group.

The First Councilor District Medical Society met at Paragould May 12th for the following program: Address of Welcome, R. J. Haley, Paragould; Response, A. G. Henderson, Imboden; "Scarlet Fever," J. E. McGuire, Piggott; "The Black Widow Spider Bite," Thos. F. Hudson, Luxora; "The Problem of Syphilis," B. M. Stevenson, West Memphis; "The Relative Value of Deep X-ray Therapy in Uterine Hemorrhages," R. H. Willett, Jonesboro; and "Eye Injuries," M. E. Blanton, Jonesboro. Luncheon was served at noon. The Society will next meet in Jonesboro. J. H. McCurry, Cash, was elected secretary.

The subject for the scientific program of the Pulaski County Medical Society May 23rd was a Symposium on Syphilis, with the following speakers, E. I. Thompson, R. Q. Patterson, L. M. Zell, G. W. Reagan, John N. Roberts, H. Fay H. Jones and T. D. Brown.

E. H. White, Secretary.

The Ouachita County Medical Society met May 5 at 7:30 p. m. as the guests of Drs. S. A. Thompson and J. B. Jameson. The doctors met at the Camden Clinic and were served dinner across the street at Ramsey Hall. There were thirty-three in attendance at the meeting.

The following program was rendered: "Vertigo," Dr. Paul Mahoney, Little Rock; "Eight Great Men in Medicine," Dr. M. J. Kilbury, Little Rock; and "When I was a Country Doctor," Dr. Val Parmley, Little Rock.

R. B. Robins, Secretary.

PERSONALS AND NEWS ITEMS

D. W. Goldstein, Fort Smith, addressed the public meeting of the Sevier County Auxiliary recently on "Syphilis Control."

H. E. Mobley, Morrilton, addressed a joint meeting of the Lions and Rotary clubs at Clarksville recently on the highway program.

R. H. Ray has been elected president of the Earle Rotary Club.

Dr. and Mrs. L. D. Massey took a vacation trip north and east during April, Dr. Massey attending the meeting of the American College of Physicians in New York City.

J. T. Word has moved from St. Charles to Tucker where he will be physician to the Tucker penal farm.

John W. Redman has moved from Fort Smith to Nashville.

H. Fay H. Jones addressed the Little Rock Y. W. C. A. April 12th on "Social Hygiene."

MARRIED—At Fayetteville, May 1st, Ralph E. Weddington, Fort Smith, and Miss Martha Hathcock, Fayetteville.

W. B. Grayson addressed the Arkansas Funeral Director's Association May 4th on "Vital Statistics Records and Their Use."

J. M. Stewart has been elected post surgeon of the Van Buren American Legion post.

Joe W. Reid has been elected president of the Arkadelphia Rotary Club.

C. M. Harwell has been elected a director of the Osceola Rotary Club.

C. S. Holt, Fort Smith, has been elected a trustee of the Mid-West Hospital Association.

Winners in the golf tournament at Texarkana were H. King Wade, Hot Springs National Park, low gross score; J. B. Jameson, Camden, low net score, and C. E. Kitchens, DeQueen, blind bogey.

Val Parmley, Little Rock recently addressed the Women's Auxiliary to the Arkansas State Dental Association.

C. C. Hanchey and R. L. Smith have been elected directors of Rotary Clubs at DeQueen and Russellville respectively.

T. A. Peterson recently addressed the Wynne Lions Club on "The Prevention and Control of Syphilis."

Dr. and Mrs. S. P. Bond, Little Rock, spent a May vacation in Pascagoula, Mississippi.

The April Southern Medical Journal contains the following: "Observations on the Pathology and Pathogenesis of Acute Poliomyelitis in the Recent Epidemic in Arkansas," A. F. DeGroat, Little Rock; "Clinical and Experimental Studies with Non-Invagination of the Appendiceal Stump," J. K. Donaldson and Harvey S. Thatcher (posthumous), Little Rock, and "Tumors of the Testicle," H. King Wade and Frank M. Adams, Hot Springs National Park.

G. R. Siegel has been reappointed health officer at Clarksville.

F. O. Mahony, El Dorado, has been elected first vice-president of the Union County Tuberculosis Association.

I. F. Jones addressed the Noon Civics Club of Fort Smith May 6th on "National Hospital Day."

Raymond T. Smith addressed the Fort Smith Senior High School on "National Hospital Day" May 14th.

C. J. Steed has been elected director of the Gurdon Rotary Club.

John N. Roberts addressed the Little Rock Kiwanis Club May 17th on "Social Diseases and What is Being Done."

Raymond T. Smith, Fort Smith, has been elected president-elect of the Arkansas Hospital Association.

J. A. Henley, Marshall, is recovering from a hip fracture sustained in March.

Robert Hood, Russellville, has been elected governor of District 7-A Lions Clubs.

Berry Moore and J. W. Harper have been elected second vice-president and director, respectively, of the El Dorado Lions Club.

E. H. White, Little Rock, has returned to active practice after a month's illness.

F. C. McGuire, Jr., has moved from Augusta to the C. C. C. Camp at Jasper.

O. L. Atkinson has moved from Hickory Ridge to Cotter.

R. B. Robins and S. A. Thompson have been elected directors of the Camden Lions Club.

W. T. Wilkins has been elected president of the Cotton Plant Rotary Club.

R. B. Robins, Camden, took postgraduate work at the University of Michigan in May.

J. W. Morris has been elected president of the McCrory Rotary Club.

J. T. Matthews has been elected director of the Heber Springs Rotary Club.

L. S. Dunway addressed the Conway Kiwanis Club April 27th on "Syphilis."

MARRIED — At Nashville, Tennessee, April 10th, A. S. J. Clarke, Clarendon, and Miss Ruth Shaw Smith, Nashville.

The Nashville Hospital reopened May 2nd, with John W. Redman as resident surgeon.

Frank A. Norwood, formerly of Little Rock, has located at Mountain Home.

W. E. Berry, G. O. Campbell and O. V. Smith have each moved into new office locations at Trumann.

W. T. Wootton, Hot Springs National Park, has been appointed a member of the Council of the Southern Medical Association from Arkansas for the unexpired term of Dr. Harvey S. Thatcher, deceased, the appointment having been announced recently by the President, Dr. J. W. Jorvey, of Greenville, South Carolina. Dr. Wootton will serve until the close of the annual meeting in 1939.

L. M. Henry addressed the Fort Smith Real Estate Board May 8th on "Hospital Day."

C. R. Teeter has moved from Pottsville to Russellville where he will have his son, Brooks Teeter, associated with him in practice.

D. W. Goldstein, Fort Smith, recently addressed the Mena Health Day Conference on "Syphilis Control."

A. W. Strauss, Little Rock has been appointed to the Board of the McRae Memorial Tuberculosis Sanatorium.

Joe H. Sanderlin has been appointed medical director of the Pyramid Life Insurance Company at Little Rock.

The Muskogee, Oklahoma, County Medical Society was addressed May 16th by Raymond T. Smith, Fort Smith, "Upper Respiratory Infections in Relation to Chronic Non-Tubercular Pulmonary Disorders," and Chas. T. Chamberlain, Fort Smith, "The Systolic Murmur."

OBITUARY

HARVEY DOAK WOOD, aged 91, died at his home in Fayetteville May 13 after a long illness which necessitated his retirement from active practice about one year ago. Born in Washington County, January 8, 1847, he became interested in medicine in his early years and graduated from Washington University School of Medicine in 1872. He first practiced near Fayetteville but moved to that city in 1874 and continued in practice there for 63 years. One of the founders of the City Hospital at Fayetteville, of which he had been chief of staff, he also organized the Washington County Health Department in 1913. He was the only living charter member of the Washington County Medical Society, organized July 2, 1872, and had served it on several occasions as president. He served the Arkansas Medical Society as president in 1925-26 and represented the Society in the House of Delegates of the American Medical Association for several years. Of a mechanical turn, he had invented a number of fracture appliances. His studious nature was reflected in an extensive medical vocabulary. For more than fifty years he had served as an elder in the Central Presbyterian Church. In addition to membership in organized medicine, he was a fellow of the American Medical Association and a member of the Masonic and Royal Arch lodges. Miss Annette Dickerson, to whom he was married May 14, 1871, died December 1st, 1920, but he is survived by three sons and an adopted daughter.

PROCEEDINGS
OF THE
SIXTY-THIRD ANNUAL SESSION
OF THE
ARKANSAS MEDICAL SOCIETY
GRIM HOTEL, TEXARKANA
April 18, 19, 20, 1938

FIRST SESSION, HOUSE OF DELEGATES
APRIL 18, 1938, 9:00 A. M.

The meeting was called to order by O. J. T. Johnston, President.

S. J. Allbright reported that the Committee on Credentials (Allbright, H. T. Smith, Clyde McNeil) had examined the credentials, found them in order, and that a quorum was present.

President Johnston appointed the following as Reference Committee: M. E. McCaskill, J. M. Lemons and B. L. Ware.

By motion (Hawkins-Lemons) the minutes of the Sixty-second annual session as published in the June, 1937, issue of The Journal of the Arkansas Medical Society were adopted.

The following duly elected delegates and county society members seated as delegates in absence of regularly elected delegates by action of the House of Delegates (motion of Hawkins-Shuffield) were present:

G. A. Hughes, Benton; Ross Fowler, Boone; A. L. Carter, Carroll; S. W. Douglas, Chicot; W. P. Scarlett, Conway; Joe Verser, Craighead-Poinsett; L. C. McVay, Crittenden; J. S. Wilson, Drew; Thos. Douglass, Franklin; A. R. Power, W. T. Wootton, Euclid Smith, Garland; M. F. Kelly, Grant; A. C. Kolb, Hempstead; W. G. Hodges, Hot Spring; Wm. Gibson, Howard-Pike; L. T. Evans, Independence; J. M. Lemons, Jefferson; E. H. Hunt, Johnson; T. C. Guthrie, Lawrence; P. H. Phillips, Little River; J. F. Walker, Madison; B. C. Middleton, Miller; R. E. Schirmer, Mississippi; E. D. McKnight, Monroe; J. B. Hesterly, Nevada; J. B. Jameson, Ouachita; B. H. Hawkins, Polk; Roy I. Millard, Pope-Yell; J. R. Lynn, Prairie; Joe F. Shuffield, S. C. Fulmer, R. J. Calcote, Pulaski; H. Moulton, B. L. Ware, Sebastian; J. C. Graves, Sevier; B. L. Moore, D. E. White, Union; Fount Richardson, Washington, and S. J. Allbright, White.

Other members of the House of Delegates present were: President Johnston, Councilors Hawkins, Hirst, McNeil, Owens, Parmley, Robins, Smith, Stewart and Stroud; Past-presidents Barlow, Kosminsky, Lemons, McCaskill, Moulton and Wootton, and Secretary Brooksher.

Dr. J. H. J. Upham, President, American Medical Association, was escorted to the rostrum.

J. F. John, Second Vice-president, took the chair and President Johnston read the President's Address to the House of Delegates.

SOCIALIZED OR STATE MEDICINE

A small, well-organized, well-financed group is busily engaged in propagandizing the American people against the long established system of private practice.

Medical care has been classed as a necessity by the national government. Not so very many services are given that high rating and all services so rated cost a good deal of money. We hear so much distressful talk about the suffering of the under-privileged and the indigent because of the high cost of medical care. These two unfortunate classes have but little money in any event, and there can be no doubt that they suffer from lack of some of the other necessities as well. Those who propose a change in our system of practice make no provision whatsoever for these people; they are still left to the charity of the private practitioner of medicine, because the beneficiaries of state or socialized medicine must have steady jobs or some other effective means of contributing to the massive funds required to pay the expenses of the system. So in discussing the cost of medical care we are justified in leaving out of consideration the under-privileged and the indigent as they are now cared for without cost by the private practitioners. Leaving out of consideration these two classes, the people of our nation are not such a poverty stricken group.

We are advised to turn from the system of private practice to some form of socialized or state medicine; to follow the lead of Germany and England. We crossed the ocean once to get away from the lead of European countries, and by adopting different customs and laws, built here the greatest civilization in history.

Germany has had state medicine for more than fifty years; it was introduced there by Bismarck as a political measure and not in response to public demand. It was introduced into England by Lloyd George as a political measure. Lloyd George promised the industrial workers that he would give them two dollars and a quarter in medical care and cash sick benefits for every dollar they contributed—the something for nothing that people have always sought. No form of socialized or state medicine has ever been proposed seriously that did not offer its beneficiaries a good deal more than they paid for; some have thought this to be the secret of its popularity, the strong argument in its favor. The various types of socialized medicine follow one pattern fairly well. The employee pays a certain percentage of his wage into a fund, the employer pays a certain percentage of his payroll into the same fund, and the balance is provided by general taxation. The fact that taxation provides a part of the money to defray the expense of socialized medicine places the system under the influence of politics and politicians are seldom trained in medical matters.

The beneficiary of socialized or state medicine receives medical care—not complete under most systems, and

cash benefits when he is sick and unable to work. Since his doctor bill is always paid, he is supposed to feel very free about consulting the doctor. That is one of the strong points urged in favor of the system. There may be some defects that do not become apparent until tried, but the point of interest is, does socialized medicine provide better medical care than is provided by the system of private practice? If it does, if under it prevention of disease is better carried out, early diagnosis promoted, the burden of medical cost less and better distributed, morbidity reduced, mortality from disease lessened and the span of life more rapidly lengthened,. then it would be fair to conclude that our system of private practice should be replaced by one of the systems of socialized or state medicine.

It is conceded that the beneficiaries of socialized medicine consult the doctor in very large numbers; it is also conceded that the majority of them seem to have minor and imaginary ills, and that a surprisingly large percentage of them consider themselves too sick to work, and, therefore, entitled to draw sick benefits during their period of disability. The cash benefits that are paid during sickness sometimes make a severe strain on the treasury and lead to investigations by the business department of the system. That is a source of much trouble, not only to the doctor, but to the person who feels entitled to the benefits. It is sometimes considered necessary to send out the consultant of the business department to see if the doctor in charge can be persuaded to cut off some of the beneficiaries and the business department usually has ways of doing this despite the judgment of the doctor in charge of the case.

Socialized medicine goes in very strongly for record keeping. After the doctor has cleared his waiting room, he must spend much time, as a rule, filling out the large number of blanks provided by the statistical department. This is the time which the doctor who practices private medicine usually devotes to reading his medical journals or his textbooks, his chief means of keeping up with advances in medicine.

In the United States, under private practice, the industrial worker loses from eight to thirteen days a year from sickness; in Germany, under socialized medicine, the industrial worker loses from fifteen to thirty days, yet he is supposed to be the chief beneficiary of socialized medicine.

In socialized medicine only partial medical care is provided. No provision is made for the indigent and the underprivileged. Politics enters more or less, often more, into the management. The cost to society is much greater than it is in private practice, for reasons pointed out above. It does not promote the practice of preventive medicine. Its diagnostic service is inferior, the morbidity rate is greatly increased, and the mortality from nearly all of the important diseases is greater than under private practice. In no other country of comparative size and population is the average length of life quite so long, nor is it growing quite as rapidly, as in the United States.

Under the system of private practice as it exists in this country, there is one other feature which, in the opinion of most doctors and most patients, adds greatly to the service rendered—the personal relationship which exists between the doctor and the patient. It has become fixed in the customs of our people and it will continue until changed or destroyed by law. One well-trained doctor may be as able as another to apply the truth of science in the treatment of disease, but the time comes in the life of each one of us when the cold facts of science do not avail. The personal side of the practice of medicine, which has always played an important and comforting part, steps in at such times and renders a service which the people not only desire but demand. Sympathy, kindness, pity, and cheerful hope—no amount of scientific efficiency can take the place of these in the dark hours of sorrow and trouble so common in the experience of all. President Eliot of Harvard said: "In these intangible things are found the durable satisfactions of life; fame dies and honors perish, but loving kindness is immortal.' '

I would not belittle the importance of science in medicine; I bow in humble reverence before its beneficent power, nor would I magnify the personal element, yet I know from my own serious illness what comfort, hope and assurance the personality of a trusted physician may bring to the bedside of his patient.

Socialization tends to destroy personal service; it places all of the emphasis on the scientific side, and while, in my humble and oft-erring opinion, the scientific side is the greater, yet divorced from the personal element, it is immeasurably weakened. Our system of private practice blends the two into one service and thus the medical care received by the American people is the envy of the rest of the world. In no other nation has medicine wrought so well in bringing health and happiness and length of days to the fleeting span of life.

Recently, Dr. Frederick L. Hoffman, statistician for the Prudential Life Insurance Company of New York, probably the outstanding medical statistician in the world, made comparison of the mortality rate of some of the leading causes of death in England, which has a system of socialized medicine, with the mortality rate from the same diseases in the United States, which still has a system of private practice. I will mention quite briefly a few of these comparisons. In England the death rate from tuberculosis of the lungs is 63.5 per hundred thousand; in the United States it is 51.2. In England the death rate from cancer is 156.3 per hundred thousand; in the United States it is 106.3.

The complaint made by the advocates of change against the cost of medical care under our system of private practice is that it is too high, No one has ever urged that medical care is not expensive, and that it does not sometimes fall with more or less crushing effect upon the unfortunate, but other misfortunes have a way of doing the same thing. It is certain that socialized medicine is able to distribute the cost of medical care in such a way that the burden is not so keenly felt by the beneficiary but the cost to society, which is the true index of cost, is very much greater. The business set-up which looks after the distribution of medical care in socialized and state medicine employs a great many people, inspectors, bookkeepers, supervisors, and so forth. These must receive a living wage.

Take, for example, Germany, where in 1935 there was 36,000 employees of the non-medical personnel, and only 30,000 doctors. The politicians are supposed, in theory, to keep their hands off the business and professional set-up of socialized or state medicine, but where they vote a considerable part of the money to pay the expenses of the system they are naturally interested in the management. Sometimes they take quite a bit of interest in it. In one European country, several thousand doctors have been deprived of the

privilege of practicing medicine for the state because they incurred the displeasure of the political powers. Politics is intimately bound up with the administration of socialized medicine in all cases where the state is called upon to pay large sums of money for its support, and no one should expect it to be otherwise.

The committees of the Society then reported as follows, their reports being referred to the Reference Committee as read:

REPORT OF COMMITTEE ON SCIENTIFIC WORK

R. B. ROBINS, Chairman

Your Program Committee has endeavored to prepare for you a high-class, well-diversified scientific program this year. We have a number of guest speakers who are nationally known men in the field of medicine. We wish to extend our sincere thanks to these men for accepting places on the program.

We also have eighteen features that are presented by Arkansas men. We appreciate their efforts to make the program a success.

On account of the fact that the program is so full, we are suggesting that all discussions be very brief. Unless the discussions are brief the sessions will be prolonged and will run over into the noon hour and the dinner hour.

You will notice that out-of-state and state speakers are alternated. This is a change which we have instituted this year and we hope that is proves to be a worthwhile change.

We hope that you enjoy the program.

REPORT OF COMMITTEE ON MEDICAL LEGISLATION

JOE SHUFFIELD, Chairman

Your Legislative Committee has had very little to do because it has been the off year for the Legislature. The Senior Class of the University of Arkansas Medical School asked that the dates for holding the examination by The State Medical Board of the Arkansas Medical Society be changed to the Thursday and Friday following the first Tuesday in June and November. With the consent of the president of the Board, your committee secured an amendment to the Nichols-Nyberg Bill of the recent special session for such changes of dates for the examination. This amendment passed without a dissenting vote and has been signed by the Governor. The law is now in force.

The members of this committee wish to express our appreciation for the frank, fair and ethical working of the previous Legislative Committee and the profession at large, and for the cooperation of the Senators and Representatives at previous sessions of the Legislature. They have made our approach much easier.

The profession at large knows of a few unpleasant, unfair, humiliating and unethical things going on in our state which need legislative action. These can be corrected with full and active cooperation of the profession. This committee will call on you in the latter part of this year and early part of next year for your ideas and action. We feel sure we will have your support as always.

REPORT OF COMMITTEE ON HEALTH AND PUBLIC INSTRUCTION

W. B. GRAYSON, Chairman

The Committee on Health and Public Instruction desires to submit the following report:

1. Public health education has progressed considerably the past year, not only in Arkansas, but in the nation as a whole. Through the efforts of individual physicians and official agencies of the state, the people have been better informed on disease conditions and disease prevention than at any time in the past. We believe that more attempts should be made with local groups to inform the citizens of health conditions through lectures, demonstrations, and the press.

2. A preliminary report from the Bureau of Vital Statistics for the first ten months of 1937 (statistics not being complete for the entire year), shows the total number of births to be 26,924 and the total number of deaths 14,533. Among eight causes of death, heart disease ranks first, with 2,003; kidney diseases second, with 1,477; pneumonia third, with 1,436; tuberculosis fourth, with 837; cancer fifth, with 801; typhoid fever sixth, with 106; poliomyelitis seventh, with 76; diphtheria eighth, with 52. Among these diseases, some are communicable, and more attention should be paid to the isolation of the patient in order to avoid spread to members of the immediate family and others. We have known preventives for typhoid and diphtheria, and it is felt that more attention should be paid the prevention of these two diseases. For the first ten months of 1937 we had 1,820 deaths of infants one year of age and under, 787 deaths of infants one month and under, 412 deaths of infants one day and under. In 1937 more than 200 mothers died from child-birth; more than 800 newborn babies died; and more than 1200 babies were stillborn; a total of 2,200 deaths directly due to child bearing, and we believe a large percentage of these could be prevented.

3. The morbidity records for the State of Arkansas for 1937 are rather complete, and the following list gives the diseases reported:

Disease	White	Colored	Total
Cancer	75	11	86
Chancroid	21	30	51
Chicken Pox	531	50	612
Diphtheria	514	50	564
Dysentery, Amoebic	23	1	24
Dysentery, Bacillary	74	1	75
Encephalitis	1	2	3
Erysipelas	24	0	24
German Measles	6	0	6
Gonorrhea	1677	743	2420
Hook Worm	15	1	16
Influenza	6886	1542	8428
Malaria	3089	1359	4448
Measles	349	25	374
Meningitis, Meningococcus	70	8	78
Mumps	270	36	306
Ophthalmia Neonatorum	10	6	16
Paratyphoid Fever	7	0	7
Pellagra	319	144	463
Pneumonia	968	390	1358
Poliomyelitis	306	35	341
Rocky Mountain Spotted Fever	3	0	3
Scarlet Fever	733	11	744
Septic Sore Throat	122	6	128
Smallpox	79	18	97

Disease	White	Colored	Total
Syphilis	1790	2032	3822
Tetanus	2	0	2
Trachoma	34	4	38
Tuberculosis,			
Pulmonary	553	185	738
Other	1	0	1
Tularemia	21	1	22
Typhoid Fever	493	152	645
Undulant Fever	28	2	30
Whooping Cough	863	50	913

4. The State Board of Health, in cooperation with the Arkansas Medical Society and the Children's Bureau of the U. S. Department of Labor, will sponsor a refresher course in pediatrics at about six different cities in Arkansas within the next few months. These courses will be in the form of lectures by a leading pediatrician from out of state, as well as demonstrations, round-table conferences, and consultation with local physicians. It is the thought of this Committee that these refresher courses stimulate the interest, and are of valuable service to the practitioners of this State. It is possible that refresher courses in different branches of Medicine may be available on this basis annually for some time to come.

5. No epidemics of alarming proportions have struck Arkansas since our last meeting, however, poliomyelitis commanded the attention of medical men during the summer of 1937. Statistics for the first ten months of 1937 show that we had a total of 341 cases reported to the State Board of Health, with a mortality of 76. At this point it is felt that the Committee should call the attention of physicians in the State to the necessity of making morbidity and mortality reports promptly.

6. The State Board of Health, through its various bureaus and its local field forces (since now it has at least a public health nurse and clerk in each county of the State), is better equipped to deal with communicable disease control, and at the suggestion of the U. S. Public Health Service and the Children's Bureau, special units have been inaugurated for consultation and field duty.

(a) The Malaria Control Unit is in the process of making a survey, and at the same time is available for consultation with physicians in an attempt to lower the morbidity and mortality rates from this diease.

(b) The Division of Milk Control is not only keeping constant watch over the production of milk and dairy products in general, but is attempting to encourage more cities to inaugurate the State Milk Ordinance, which, if put into practice, will assure that community of a safe milk supply.

(c) The Division of Tuberculosis Control, with its mobile X-ray unit, working in close cooperation with the State Sanatorium at Booneville, enters a county only upon the invitation of the County Medical Society to conduct examination clinics and advise with the family physician with reference to control of this disease.

(d) Due to the national publicity given the control of syphilis, great demand has been made upon the State Board of Health for this type of activity. Following the rules and regulations set forth by the special sub-committee of the Arkansas Medical Society, the State Board of Health is supplying free Wassermann service to indigents, and the demand has increased from approximately 800 to around 3,000 requests per week. This load taxes the State Hygienic Laboratory to capacity, and it is imperative that until more personnel is available to the laboratory requests be limited to this amount. Medication for treatment of syphilis is furnished free of charge by the State Board of Health to indigent patients, upon the written request of the physician. Upon written request of the physician, whenever a full time medical director is available, treatments are given, but the requests have increased to such an extent that some solution of this problem will have to be made, since it is felt by the State Health Officer that too much time is taken from other phases of public health work to conduct this phase of activity. It is felt that a uniform method of treatment should be inaugurated over the State for syphilis control, in order to assure the patient of the long-time continuous treatment which authorities agree is adequate.

(e) Arkansas can boast of the fact that 92% of its incorporated population is now supplied with a safe and adequate water supply, which is constantly under the supervision of the Bureau of Sanitary Engineering. 80% of our incorporated population have a safe sewage disposal system. Community sanitation has progressed in the rural areas, and concentration on rural schools with reference to a safe water supply and sewage disposal system is now in progress. Constant vigilance with reference to semi-public water supplies, such as tourist camps, filling stations, and roadside springs, is being kept by the Bureau of Sanitary Engineering. Many Arkansas springs are unsafe for drinking purposes.

(f) The State Hygienic Laboratory is taxed to capacity with requests for analyses of various kinds. Rabies commands a great deal of their attention in the examination of animal heads, and the free distribution to indigents of antirabic vaccine, which has amounted to $4,170 up until March 1, and presents quite a public health problem. Commonly used biologicals are furnished to indigents by the State Hygienic Laboratory, upon the written request of physicians. Silver nitrate is also available.

7. Dental Hygiene should command more attention of the physicians of this State by more careful observation and more frequent reference to the dental profession for correction and education along these lines, especially in children.

8. It is known that nutrition plays an important part in disease control and it is felt by this Committee that more thought and study should be given to this subject. People should be encouraged to drink more milk and eat more fresh vegetables and fruit.

9. At a request of the Legislature in regular session in January, 1937, the State Board of Health is now in the process of an industrial hygiene survey of the State, with reference to health hazards. This survey is being conducted by specialists assigned to the Health Department by the U. S. Public Health Service.

10. Since the State Board of Health is the official public health agency of this State, it is felt that all voluntary agencies interested or participating in public health work should work in close cooperation and under the supervision of the State Board of Health, in order that programs will not be duplicated, and more efficiency, with better results, can be obtained.

11. The Division of Maternal and Child Health of the State Board of Health, working in cooperation with the Committee on Maternal Welfare of the Arkansas Medical Society, feels that more accurate reporting of births and better prenatal and postnatal care should command the attention of the physicians of this State.

Particular thought should be given to the midwife problem.

12. In conclusion, it is the concensus of opinion of this Committee that health conditions in Arkansas compare favorably with neighboring states, but that more instruction in the matter of public health education should be prompted by the County Medical Societies in the form of programs for the laity, as well as publicity in the press, over the radio, and other methods, in order to acquaint the people with the true conditions of prevention, diagnosis, and treatment of diseases.

REPORT OF COMMITTEE ON MEDICAL EDUCATION AND HOSPITALS

W. G. HODGES, Chairman

Your committee on Medical Education and Hospitals presents the following report which is primarily statistical:

During the past few years all education has been undergoing changes. The medical profession is no exception. In order to keep apace with the progress being made in research, leaders in medical education have seen fit to take forward steps along more advanced lines of improvement in medical education.

The resurvey and reclassification of medical schools, begun in 1933 by the Council of Medical Education and Hospitals with the cooperation of the Association of the American Medical Colleges and the Federation of State Medical Boards, has been completed. The primary purpose was the improvement of medical education and the protection of the public. Canadian schools voluntarily asked to be included in the survey.

Some thirty years ago the Council published its first classification of medical schools. In the 1937 report of reclassification outstanding improvements are noticeable, a few of which we bring to your attention. In early years medical sciences were taught primarily by practitioners without special training. Laboratories were poorly equipped and supervised. Clinical teaching consisted mostly of lectures and demonstration clinics without personal contact between student and patient. During the past decade improvement has been unparalleled. Many low grade schools have merged with others or dropped out of existence. Entrance requirements have been raised to at least two years, trained teachers have been provided for laboratory subjects, and hospital facilities have been recognized as essential in teaching clinical branches.

In the report seventy-seven institutions in the United States and ten in Canada are on the approved list of schools. With the exception of four, all have the full approval of the Council. During last year more than twenty-five thousand students enrolled in medical schools. Since July 1, 1936, over five thousand have received M. D. degrees in the United States alone, not including more than one thousand interning for degrees.

All the approved schools require as a minimum two years of college work done in an accredited school. For the session 1937-38, fifty schools have adopted entrance requirements in excess of the minimum; five require a degree; thirty-nine require three years; one, four years; and four will admit students with three years' college work if the degree is conferred at the end of the first year in medical school. With the new classification and with all schools striving to maintain the essentials acceptable to the classification, the Council feels the results will be far reaching. This committee can only appeal to the members of the Arkansas Medical Society to lend to our University Medical School their full support that it may keep apace with these regulations and so preserve for the state and the profession the position which it now maintains.

HOSPITALS: New hospital records were established in the last census taken by the Council on Medical Education and Hospitals. There was a net increase of 21,582 beds over last year's census. Growth of hospital facilities for the last twenty-seven years has been at an average of 25,024 beds a year. This is equivalent to a net increase of sixty-eight beds for each day during that period. The total number of patients treated in hospitals in 1936, in the last survey reached 8,646,885. Patients were received for hospital care at the rate of sixteen per minute, and 831,500 babies were born in hospitals during that period.

These figures point to the fact of the extent to which the practice of medicine is being transferred to hospitals. The public is gradually learning the value of hospitals, and that the best in medical skill, equipment and comfort should be provided.

The Council of Medical Education and Hospitals has been of untold value in assisting hospitals in raising their standards that they might be better equipped in rendering service to the sick and injured. The improvement of hospital service will depend largely on the extent to which they cooperate with the Council in the educational program of better equipment, trained executives and personnel.

STATISTICS OF ARKANSAS HOSPITALS:

Hospitals Approved	47	
Related Institutions	14	
Total	61	
Total Beds	9,118	
Patients Admitted	53,955	
Refused Registration 11, with	266	Beds
Hospitals Approved for Interneship	3	
Approved Schools for Nursing	8	
Students Enrolled	200	

HOSPITALS AS TO CONTROL:

Government Federal	4—Beds	1,735
State	6—Beds	4,718
County	2—Beds	270
City	4—Beds	215
City and County	1—Bed	20

Non-government which included church, fraternal, individual and corporation—44—with 2,160 beds.

REPORT OF COMMITTEE ON PUBLIC RELATIONS

W. T. WOOTTON, Chairman

We, your committee, have to report an attempt to initiate a flow of medico-public articles in the various papers of the state, endeavoring to interest at least one paper in each county in publishing articles which we, or our efficient state secretary, furnishes them. At the present the following twenty-five county newspapers carry these articles whenever presented:

Advocate, Fordyce; Ashley County Leader, Hamburg; Atkins Chronicle; Camden News; Carlisle Independent; Clay County Democrat, Rector; Daily Citizen, Searcy; Daily Courier-Democrat, Russellville; Democrat Enterprise, Ozark; Evening Times, El Dorado; Ft. Smith Tribune;

Good Government, Little Rock; Greene County Citizen, Paragould; Greenwood Democrat; Heber Springs Times-Headlight; Leachville Star; McGehee Times; Monroe County Sun, Clarendon; Monroe County Citizen, Brinkley; Morrillton Headlight; Mountain Wave, Marshall; Newark Journal; Osceola Times; Pocahontas Star-Herald; and Southwest American, Fort Smith.

It is now the privilege of this society to inform its Committee on Public Relations whether it is desirous of having this work continue. At this time the secretary is under an expense of approximately $10.00 per month for postage for this work alone. Further, some provision for writing these articles should be made. So far our secretary has done all of this work, which seems a bit out of his realm. Your Committee is not inclined to see the old wheel-horse worked to death. We might suggest that the secretary write to various members of the Society, selected by himself, asking that a paper be prepared on some specified subject; that this request be then considered by the recipient in the light of a demand.

If this work is to continue, and your Committee recommends that it do, there may be several excellent ways of reaching the ears of the other fifty newspapers, but at this time it would seem that the most feasible means is through the various County Society Secretaries. We, therefore, recommend and urgently request that the various secretaries contact their news editors upon returning home and endeavor to have them accept for publication such medical articles sponsored by this Society as may be deemed of interest and practical importance to the citizenship.

Some of the subjects so far covered are: smallpox, chicken-pox, measles, diphtheria, anorexia, stomach ulcers, headaches, hygiene in the home, first aid in skull fractures and long bone fractures. A series of papers on cancer was in process of compilation prior to the untimely death of Dr. Thatcher. No one has, so far as we know, taken over where he left off. We hope this will shortly be remedied.

The secretary has prepared a very interesting chart showing the districts now being reached and those we hope to reach in the very near future.

REPORT OF COMMITTEE ON MEDICAL ECONOMICS

A. C. SHIPP, Chairman

Your committee on Medical Economics reports as follows: That we wish to reiterate the three Resolutions passed last year since we have had many questions touching these subjects, and to present two others.

1. It is advisable to continue various plans of dealing with the indigent and low wage group; to propose the carrying out of any definite procedure at this time would probably be ill-advised, as we have the opportunity of observance of many others and can later choose from those that are best in practice.
2. We should stand opposed to any relationship that does not allow the patient free choice of physician, as well as the physician's choice of the patient; that does not safeguard the patient in his right to employ and to discharge physician for cause without loss of interest in funds accumulated for purpose of paying for medical services.
3. We do not oppose old line accident and health insurance; we do not oppose insurance for hospitalization provided patient has choice of hospital and that hospital does not try to influence patient in choice of physician. While we do not oppose this, we do not endorse it as not containing the possibility of evil because of incentive of hospital to name staff doctors for service.

And, BE IT RESOLVED

4. That the Council of the Arkansas Medical Society appoint a committee from its membership or from the State Society, such committee having full power to act for the Society in all matters pertaining to medical attention to the indigent, where public funds, federal, state or municipal, are used, and,

BE IT FURTHER RESOLVED

5. That no member of the state medical society shall have the right to pass upon matters affecting the society without first having approval of this committee.

Report of Committee on Scientific Exhibit was not read due to illness and absence of the chairman, E. H. White.

Don Smith, Chairman, Committee on the Auxiliary, reported that no duties had been assigned the committee.

E. E. Barlow, Chairman, Committee on Necrology, made announcement of the Memorial Services to be held Tuesday morning, April 19th, at the First Baptist Church. He reported that there were 38 deaths listed on the Memorial Roster as compared with 30 in 1937. President Johnston emphasized the desire that a full attendance be present for the memorial services.

REPORT OF THE COMMITTEE ON CANCER CONTROL

FRED KROCK, Chairman

It has become an almost hackneyed phrase to state that the only improvement in cancer statistics at present will be the result of education of the laity and their awakening to the necessity for the early recognition of cancer. Previously our work along this line has been sadly hampered by lack of financial resources.

Last year the American Society for the Control of Cancer came to our rescue with the development of The Womens Field Army. Briefly the purpose of this organization of volunteers is to enlist large numbers of recruits among groups where the most good can be done, throughout the nation, and by means of the annual dues of one dollar each, support an active educational campaign.

Of the money collected in this way seven-tenths remains in the state in which it was raised to be spent as the State Medical Society through its cancer committee shall direct. The remainder is spent by the national organization in preparing educational campaigns and propaganda. None of the funds so raised can be spent without the direct action of county and state medical societies.

A very active state organization was formed with Mrs. W. F. Lake of Hot Springs as State Chairman. A

very encouraging campaign was soon under way. The untimely death of Mrs. Lake, however, unfortunately disrupted the state organization.

Through the efforts of national officials another sponsor for the Womens Field Army of Arkansas was secured in the person of the Womans Auxiliary to the Arkansas Medical Society with Mrs. C. W. Jones, of Benton, as Chairman. This organization was unfortunately perfected too late to participate in the present national campaign during the month of April. However by next April details will be worked out to such an extent that we can expect to see a great deal of good accomplished.

The question of cancer is assuming more and more importance in the minds of the public. The month of April has been set aside by presidential proclamation to make the public cancer conscious. A number of the states have officially endorsed this movement through proclamations by their governors. The question of setting aside a fund by national legislation for cancer research has been seriously considered.

At the present time surgery, radium and x-ray are the only three weapons we have against cancer. The greatest advances have been made in the field of x-ray with the development of newer techniques employing higher voltages. The evidence at present point to the fact that nothing in gained in voltages above 400,000.

The neutron ray as produced by this cyclotron offers considerable promise of being able to contribute something very definite to our armamentarium against cancer very shortly.

In the meantime we have approximately seventy dollars in the treasury as the result of the 1937 campaign of the Womens Field Army which can be used for educational work on cancer. The National Society has provided a number of lectures, film strips and projectors for presenting such material. It is up to us as individual physicians to give our endorsement to the Womens Field Army of Arkansas, and as much of our time as possible in appearing before interested groups with scientific facts concerning cancer, in order to encourage regular physical examination and the early recognition of the disease.

REPORT OF THE COMMITTEE ON MATERNAL WELFARE

S. A. THOMPSON, Chairman

The committee on Maternal Welfare met in the office of Dr. E. H. White, Little Rock, January 20th, 1938, at which time Dr. White was made secretary. Again March 24th, 1938, in the office of Dr. W. B. Grayson, State Health officer.

The Council of the Arkansas State Medical Society asked this committee to take action on the following:

1. Certified copy of birth certificates mailed back to the parents when filed.

2. Arrange for Pediatric Course to be put on by Arkansas State Board of Health, under the supervision of the State Society.

3. Better education, supervision and control of midwives.

Dr. Grayson being in Washington at the time, Dr. W. Meyers Smith represented the Bureau of Vital Statistics regarding copies of birth certificates. After investigation the committee finds that it is not practical or economical, as well as not legal to furnish certified copies of birth certificates in any other way than is now being done. The immediate mailing of photostatic copies was discussed, but it too was discarded for the time being as impractical and not economical.

To aid us in arranging the Pediatric Course to be put on in conjunction with the State Board of Health all available pediatricians were invited to be present at our meeting in January. They very kindly responded and their advice was very helpful. At this time this committee wished to turn this pediatric course over to pediatricians, but Federal regulations require that these courses be conducted under the auspices of the State Medical Society.

At our meeting in March the State Board of Health informed us that they had obtained Dr. Cooke of Washington University, St. Louis, to put on these courses. Places selected by the committee are: Texarkana, Camden, Pine Bluff, Forrest City, Conway and Fort Smith. The exact dates and hour will be given later.

The mid-wife problem is very important and is growing more serious as physicians leave the rural districts. There is no law in Arkansas controlling this practice. This is a deplorable situation, as the most ignorant filthy negro woman is usually the one calling herself a mid-wife. In certain sections of our state these self styled negro mid-wives are the only attendants present at confinement of a growing number of white women. Some of this committee have personally seen the above happen.

The State Health Department is doing the very best it can to control and give some training to these women, but their intelligence as a whole is so low that they are impossible to train properly. The health department has no legal support for its actions, but we commend its effort to improve such horrible conditions as now exist in this connection. This does not mean approval of their permit system for these women, but we do believe that any kind of control is better than none.

It is not possible to solve this problem soon. It may require several years to make scientific and ethical recommendations concerning it, therefore a wide spread investigation over a long period of time is logical.

The Maternal Welfare Committee recommends that a long termed committee be established to investigate the mid-wife problem nationally, as well as over the Southern states. Recommendations from such a committee should furnish our Society a solid foundation upon which to build our program, and the legislative committee to seek legal aid in the education and control of mid-wives.

The State Board of Health is endeavoring to compile statistics and reasons for puerperal deaths as well as premature births. In the near future when such conditions have passed through your hands you will get a questionnaire which this committee recommends that you fill out. This in no way means any reflection on your methods in handling these cases, but will materially aid in the possible prevention of such things occurring. For the same reason it is desired that puerperal sepsis whether fatal or not be made reportable, along with premature births. This committe favors such action.

There is also a sterile obstetrical package arranged by the Board of Health at a very low cost for the expectant mother containing the essentials for confinement. This package has our endorsement.

Since this committee is at this time handling child as well as maternal welfare, we suggest that a pedia-

trician be added to this committee or a division of child welfare be set up by the State Medical Society.

This committees wishes to thank Dr. E. H. White for the use of his office for our meeting in January, and Dr. W. B. Grayson, State Health Officer for the same service and assistance in arranging such matters as have been discussed above. Also we thank Dr. Brooksher, state secretary, for his attendance and advice at our meeting in March.

REPORT OF THE COMMITTEE ON POST-GRADUATE STUDY

D. A. RHINEHART, Chairman

(Read by Joe Shuffield)

Following the plan used during the first year of the existence of the Committee on Postgraduate Instruction, two such programs were presented for the approval of the members of the Arkansas Medical Society during this last year.

The first of these was held on September 29 and 30, 1937. The first day of this two-day course was devoted to a consideration of gynecological subjects. A guest speaker was Dr. R. J. Crossen of St. Louis. On the second day the subject for discussion was "Fractures," the guest speakers being Dr. Kellogg Speed of Chicago and Dr. Temple Fay of Philadelphia. The registered attendance was 84.

The fourth program was held on January 19 and 20, 1938. Subjects of interest to pediatricians were presented on the first day. The guest speakers were Dr. Charles J. Bloom of New Orleans, and Dr. Hugh McCulloch of St. Louis. The second day was devoted to urology, the guest speakers being Dr. C. E. Burford of St. Louis, and Dr. C. C. Higgins of Cleveland, Ohio. The registered attendance at this meeting was 113.

At both of these meetings the programs were completed by the members of the faculty and the different departments of the University of Arkansas School of Medicine.

The interest shown in these meetings is believed sufficient to warrant their continuance. The attendance was such that the financial success of this sort of program is assured.

The secretary's report of receipts and expenditures is appended. The House of Delegates should appoint some authority to audit the accounts of the Secretary.

This Committee on Postgraduate Instruction feels that these programs are worthwhile, but the Committee would like to devise some plan of procedure whereby a larger proportion of the physicians in the Medical Society could be reached with postgraduate instruction. The Committee has this under advisement and it would be pleased to receive whatever suggestions the Delegates care to make.

REPORT OF THE COMMITTEE ON SYPHILIS CONTROL

D. W. GOLDSTEIN, Chairman

(Read by the Secretary)

In December, 1936, Doctor Thomas Parran, Surgeon-General of the Public Health Service, called a meeting in Washington for discussing a campaign for syphilis control to be put on by the Public Health Department. You received a report of this meeting from this committee last year. The Arkansas State Board of Health has cooperated with your committee and has carried out the national program as far as it had funds to do so. The program did not get into full swing until July.

In setting up a program for the control of syphilis, the State Board of Health has followed the recommendations of your committee of the Arkansas Medical Society. They have furnished drugs for the treatment of indigent syphilitics to the doctors of the state, upon their request, and insofar as possible, these drugs have been furnished through the local health offices. This facilitates our distribution of drugs and at the same time stimulates the reporting of cases of syphilis since reporting is made to the local health officers and they in turn make a weekly morbidity report to the state department. Reporting has been much better since this program has ben initiated.

Lapses from treatment at the U. S. Public Health Service Clinic at Hot Springs, and sources and contacts of infection of cases under treatment at the same clinic, are reported to this office, and in turn such reports are sent to the local health officer concerned. It is apparent that good results have been obtained by this epidemilogical procedure. In many instances, sources and contacts have been examined, and, where indicated, brought under treatment. Lapses from treatment have, in many instances, been returned to treatment.

There are full time directors in some five or six counties, where there is a large negro population, who have necessarily conducted clinics of considerable magnitude for the treatment of syphilis. In many of the other counties some few individuals have been referred to the medical directors for treatment.

The program for the present year is continuing along the same line as that of last year. If the Federal funds become available for this specific purpose some recommendations will be made from the Director of the Board of Health for expansion of clinic activities, probably by assignment of "cooperative clinicians."

Very little has been done in regard to gonorrhea.

Through the courtesy of the American Social Hygiene Association we have an exhibit at this meeting on early syphilis and congenital syphilis. We urge you to review this exhibit.

In order to discover syphilis early in pregnancy two things are necessary. First, that women seek medical advice before conception, or as early in pregnancy as possible. Second, that every physician take a specimen of blood from every pregnant woman consulting him and submit it to a laboratory for a serological test for syphilis. This should be done whether the consultation is early or late in pregnancy, for it is advantageous to treat pregnant syphilitic women even late in pregnancy.

We also ask you to cooperate with all agencies to bring the subject of syphilis control before the public. There is an active campaign being carried on in some counties of the state at present.

It is the opinion of your committee to recommend to this Society that we take the lead in having a law passed preventing the marriage of individuals infected with venereal disease. There are twenty-three states at present which have some such law. We recommend that the Connecticut law be studied as this one seems to be the best. If we attempt this, we will have the full cooperation of the Women's Clubs and civic organizations, some of which have already talked to your

chairman. One of the greatest benefits will flow from the fact that enactment of such laws result in the common knowledge that persons seeking to marry must either avoid or protect themselves against venereal disease, or else fail in the natural human desire for marriage and subsequent family life.

REPORT OF THE COMMITTEE ON WELFARE AGENCIES

REPORT OF THE COUNCIL

VAL PARMLEY, Chairman

As you all know, I am completing the term as Councilor from the 8th District of my friend and classmate, Dr. S. B. Hinkle. The Council, after electing me to fill this vacancy, was kind enough to select me as its chairman, which honor I greatly appreciate.

Dr. Hinkle's file was turned over to me, and I cannot let this opportunity pass to pay a tribute to him for the amount of work he did during his term of service as Councilor for the 8th District and Chairman of that body. His work upon the problem of the Resettlement Administration in connection with the Farm Security Administration represents hours and hours of work and conferences. Only one with a keen insight into the future and with the tenents of organized medicine at heart could have worked out such a plan or agreement as he made with the Farm Security Administration. The agreement leaves the decision with the County Societies as to whether they desire to participate or not, which was the essential findings of the Council at its mid-year meeting. This matter was referred back to the Committee for the further report at the April meeting.

Charlatanism in this state was discussed at the mid-year meeting, but no definite action was planned or suggested. Our legal representative, Mr. Peter E. Deisch, was asked to be prepared to advise the Council and the House of Delegates as to what steps might be taken from the standpoint of legal or legislative action.

Reports of the Chairman and the Legislative and Program Committees were read and acepted.

No further business came before the mid-year meeting.

REPORT OF THE STATE MEDICAL BOARD OF THE ARKANSAS MEDICAL SOCIETY

L. J. KOSMINSKY, Secretary

I beg to submit the following report from the State Medical Board since July 1, 1937:

On June 18, the following officers were elected: Dr. Wm. A. Snodgrass, President; Dr. L. T. Evans, Vice President; Dr. L. J. Kosminsky, Secretary-Treasurer. The following new members were sworn in: Dr. E. A. Callahan, of Carlisle, to succeed Dr. W. T. Lowe; Dr. D. L. Owens, of Harrison to succeed Dr. W. H. Mock; and Dr. D. E. White of El Dorado, to succeed Dr. A. S. Buchanan. These retiring members having served eight years were not eligible for reappointment.

In June 1937, forty-four applicants took the state board examination, the entire number passing. In December, 1937, three applicants took the examination, all of whom passed. There were twenty-six who took the primary examination in June, 1937. Out of the forty-seven who took the Board examination last year (1937) all were graduates from the University of Arkansas School of Medicine but two.

Since July 1, 1937, there has been 18 reciprocities from the following states and boards: National Board of Medical Examiners, 2; Texas, 1; Tennessee, 8; Illinois, 1; Kansas, 1; Pennsylvania, 1; Oklahoma, 1; Missouri, 1; and Louisiana, 2.

Since July 1, 1937, the following number of licentiates were certified to other states: Missouri, 3; Iowa, 1; Texas, 13; New Jersey, 2; North Carolina, 1; Indiana, 2; Michigan, 2; New Mexico, 1; West Virginia, 1; Georgia, 2; Louisiana, 1; Illinois, 3; California, 1; and Ohio, 3, making a total of 36. Since July 1, 1937, we have had two applicants for reciprocity with Arkansas, who were refused.

We have had numerous letters from the Bureau of Narcotics relative to doctors who have violated the Harrison Narcotic Law, but owing to the fact that these physicians have been tried and placed on probation the Board could not revoke their license according to a ruling of the Arkansas Supreme Court in a decision given three years ago in a case in which you are all familiar.

At the annual meeting of the Society in Little Rock in 1937, the possibility of a full time secretary, with the office of the Board located in Little Rock, was advised and on thorough investigation by a committee it was found that office space was not available and the fees received by the Board would not warrant the expense entailed. The Board at its last meeting deemed it advisable to present the idea of an annual registration fee of $2.00, thereby giving us a means whereby we would have a roster of the physicians duly qualified to practice in our state and permit ample funds to finance the Board in all its undertakings, which would eventually, in all probability, afford us an opportunity to carry out the mandates of a full time secretary.

In February the secretary of the Board attended a meeting of the Federation of State Boards held in Chicago, which was indeed an educational and profitable visit. Our Board has never belonged to the Federation but I believe it would be a good course for us to take.

At the 1938 special session of the Legislature, the following change was made relative to the meeting of The State Medical Board of the Arkansas Medical Society, same to read: "The meeting of the Board for medical examination to be held on the first Thursday and Friday following the first Tuesday of the months of June and November." This bill was signed by the Governor, April 1, 1938. Our June meeting will be held on June 9th and 10th and the November meeting to be held on the 3rd and 4th. Your Secretary has advised the American Medical Association of these changes in dates.

PROCEEDINGS OF THE ANNUAL CONGRESS ON MEDICAL EDUCATION AND LICENSURE

Discussion in the Symposium on Foreign Medical Students by Dr. L. J. Kosminsky.

Unfortunately, in Arkansas we have two boards, the regular and the eclectic. I represent the regular. The regular, by resolution, since 1928 has required a man to be a citizen of the United States to take the board examination.

In June, a year ago, we had one of the German subjects who came up before the board, and then in November he came up and got an injunction against

the board. I want to say, gentleman, that this resolution was not a resolution of religious prejudice or a matter of intolerance because I belong to the race that is intolerant with Hitler, and I have represented my state as the president of the association, as the delegate to the American Medical Association, and am now secretary of the State Medical Board of the Arkansas Medical Society. We do not want a man in Arkansas who does not believe in the Constitution of the United States and who cannot respect the flag and the laws of this country.

For the benefit of the states with which we reciprocate, gentlemen, we do not want to lose that friendly reciprocal relationship with you, and if you feel that you want those foreigners who do not comply with our rules and regulations recognized, we are glad to submit to your requests. The gentleman in question, who forced us, by injunction, to give him the examination, failed to pass the board in Arkansas. He then went to another state where he passed the examination. We of Arkansas consider the American practitioner first, last, and all the time, and feel that America should be made safe for the Americans.

In the absence of W. H. Mock, the Secretary called attention to the fact that the report of the delegates to the American Medical Association was published in the August, 1937, issue of The Journal of the Arkansas Medical Society.

S. W. Douglas, fraternal delegate to the Louisiana State Medical Society presented his report as follows:

Our greetings to the Louisiana Medical Society were heartily received.

A striking feature of this meeting was the report of councilors. Each councilor is held responsible for the total number of members in the respective parishes of his district. The parish societies and general organized activities, including the Auxiliary, are supervised by the councilor. These activities are reported in open session to the state Society. There is a friendly rivalry as to who can excell that aids materially to the advance of organized medicine in that great state.

Mr. President, I think we have the talent in Arkansas to make our Society second to none. If our Society serves its members as is demanded of it we are going to have to more than double our efforts.

Th Society dues in Louisiana are just double that of Arkansas. They have a treasury balance of $27,000.00. With this additional fund they grant a pension to superannuated and indigent physicians. This it appears, is a very worthy charity.

The Society carries group insurance on its members whereby they secure insurance at a very reasonable rate. This is another economic protection that seems worthy of our emulation.

Malpractice insurance is also carried by the Society. A thing that I deem is of as much importance as the insurance is the pledged moral support of its members in malpractice suits. There is a set minimum witness fee of $25.00 in professional testimony service.

The Louisiana State Society is sponsoring the writing of a History of Louisiana Medicine. The honored nestor of Louisiana Medicine, Dr. Rudolph Matas, is the chairman of the committee to write this history. This seems a very interesting and worthy effort for the Arkansas Society. Many of us would be delighted to read a Medical History of Arkansas and would particularly enjoy the story of the pioneers of our profession. This is an opportune time to do this work while we have Dean Vinsonhaler and many other of the older members of the profession to assist in compiling it.

Mr. President, I return to you the well wishes of the great Medical Fraternity of the State of Louisiana.

S. J. Wolfermann, fraternal delegate to the Oklahoma State Medical Association reported on his attendance at that session.

L. J. Kosminsky, fraternal delegate to the Texas State Medical Association, reported on his attendance at that session.

Hon. Peter A. Deisch, counsel, presented his report.

REPORT OF THE TREASURER

R. J. CALCOTE

Balance reported at last annual meeting, April 12, 1937		$10,320.84
Receipts during year:		
Dec. 16, 1937—Received of Secretary Account Dues	$1,000.00	
April 4, 1938—Received of Secretary Account Dues	4,000.00	
Jan. 8, 1938—Received of Secretary, Journal Account	3,500.00	
April 4, 1938—Received of Secretary, Journal Account	2,000.00	
July 1, 1937—Interest on Saving Account	33.15	
Jan. 1, 1938—Interest on Saving Account	36.89	70.04
Total Receipts During Year		10,570.04
Total Funds Available During Year		$20,890.88
Disbursements During Year, Vouchers No. 778 to No. 887 inclusive		8,121.60
Balance on Hand at Close of Business April 16, 1938		$12,769.28
April 16, 1938, Statement from W. B. Worthen Co., Bankers		$ 5,287.98
Union National Bank		7,481.30
		$12,769.28

REPORT OF THE SECRETARY

W. R. BROOKSHER

The membership of the Society today is 978; one year ago it was 951. The total membership for 1937 was 1072. There are over 100 members whose 1938 assessment has not as yet been paid. It is estimated that 66% of the eligible physicians in active practice in the state are members of the Society. Some of these nonmembers could be interested in the advantage of organized medicine with proper effort. During the year two county medical societies disbanded because of small numbers. There still exists opportunity to combine smaller county societies for the purposes of extending medical

knowledge, retaining local organization for administrative functions.

During the past year your secretary has attended numerous committee meetings, several county and district society meetings, the American Medical Association meeting at Atlantic City, the annual conference of state secretaries, a meeting of the Board of Trustees of the American Medical Association, and has addressed five lay groups.

The prestige of medical organization has suffered from the establishment of charlatans and exploiters within the state. This situation is not one to be handled in a perfunctory manner; the routine measures applicable to illegal practice are not entirely adequate. The best thought of the Society, adequate study, and an aroused public opinion will be essential if these mercenary and unqualified offenders against medical standards and ideals are to be evicted.

The Journal income account shows a slight decrease for the calendar year 1937 as compared with the preceeding year, but through the hearty cooperation of our national advertisers, it has been possible to increase advertising rates. This should reflect an appreciable gain for the calendar year 1938. There has been an increase in pages printed during the year, this occasioned by papers read before county and district societies. It is hoped that more of these papers can be published. We want to again remaind the members that The Journal is made possible solely because of the supoprt of its advertisers. They have every right to expect a hearty reciprocity from all of us.

Particular attention is directed to the press releases sent to the newspapers of Arkansas by the Committee on Public Relations. These have been used with more or less regularity by over 50 of the state's newspapers. This number can be materially increased if the members will request their local editors to publish the health talks. The dissemination of honest, dependable publicity on health subjects is a definite responsibility of the medical profession. Such publicity, if its full results are to be obtained, must be actively endorsed and emphasized by the entire profession in their daily contacts with patients. Physicians should become more aware of the community and civic aspects of their calling.

Under authority of a resolution of the Board of Trustees of the American Medical Association the component county and state medical societies are being urged to make a thorough and complete survey of medical care as available to all the people. This is a proposition of magnitude and will require much time and labor for its successful accomplishment. An inventory of this type will enable medical societies to determine the true situation in their localities, permit the application of measures designed to relieve shortcomings and, most important, provide the true answer to the oft-repeated charge that the public is not receiving adequate medical care.

Despite the perplexing problems which confront the profession, we are happy to report that there is a more harmonious spirit, a greater desire for cooperation and mutual benefit and a better understanding among the members than ever before within our knowledge. We sense an awakening of the medical profession in Arkansas to the aims, ideals and opportunities of organized medicine. We believe the Arkansas Medical Society is in a period of substantial growth.

Within the past year your secretary has received most cordial help and assistance from the officers and members in the conduct of the affairs of the Society. This we acknowledge with gratitude.

By motion (D. E. White-H. T. Smith) the following committee was appointed to poll the House of Delegates to avoid the presence of outsiders: D. E. White, W. R. Brooksher, R. B. Robins, D. L. Owens, H. A. Stroud.

By motion (H. Moulton-W. G. Hodges) the Secretary was instructed to send telegrams of sympathy to Past-presidents H. D. Wood, W. H. Mock and G. B. Fletcher and E. H. White, absent because of illness.

The following nominating committee was then selected:

L. C. McVay, First District.
L. T. Evans, Second District.
J. R. Lynn, Third District.
E. E. Barlow, Fourth District.
D. E. White, Fifth District.
J. C. Graves, Sixth District.
W. T. Wootton, Seventh District.
Joe Shuffield, Eighth District.
A. L. Carter, Ninth District.
B. L. Ware, Tenth District.

President Johnston appointed the following committee to audit the records of the Committee on Postgraduate Study: J. H. Fowler, L. T. Evans, H. T. Smith.

The House of Delegates then adjourned.

FIRST GENERAL SESSION
APRIL 18TH, 1938, 1:30 P. M.

The first general session was called to order by President Johnston.

The invocation was given by Rev. David E. Holt, Episcopal Church.

Mayor E. C. Seibert, Texarkana, welcomed the Society.

W. Decker Smith, President, Miller County Medical Society, welcomed the Society.

Thos. Douglass, Ozark, responded to the addresses of welcome for the Society.

L. C. McVay, Third Vice-President, took the chair.

President Johnston read the President's Annual Address (page 1).

The scientific program then followed in order:

"Clinical Implications of Some Recent Studies in Gastric Motility," J. H. J. Upham, Columbus, Ohio.

"Diagnosis of the Acute Abdomen," G. E. Cannon, Hope.

"Phases of Renal Edema and their Treatment," M. Herbert Barker, Chicago.

"Exploitation of the Medical Profession", J. S. Jenkins, Pine Bluff.

"The Symptoms, Diagnosis and Treatment of Cancer of the Stomach," J. Shelton Horlsey, Richmond.

"The Doctor and the Dollar," Mr. Robert Woolsey, Fort Smith.

On Monday evening in the Grim Hotel, the Miller County Medical Society was host to the members and guests at an open house preceeding the public meeting.

PUBLIC MEETING
Texarkana Auditorium
April 18th, 1938
8:00 P. M.

The meeting was called to order by W. Decker Smith, President, Miller County Medical Society.

The invocation was given by Rev. Harry DeVore, First Methodist Church.

O. J. T. Johnston, President, introduced the guest speakers:

J. Shelton Horlsey, "The Menace of Cancer."

J. H. J. Upham, "Present-Day Problems in the Medical Profession."

The benediction was said by Rev. Tom Wilbanks, Pine Street Presbyterian Church.

MEMORIAL SERVICES
APRIL 19TH, 1938
8:00 A. M.
First Baptist Church

The meeting was called to order by O. J. T. Johnston, President.

The invocation was given by Rev. Tom Wilbanks, Pine Street Presbyterian Church.

Mrs. Philip King Alston, accompanied by Mrs. Lloyd White at the organ, rendered "Ave Maria" as a violin solo.

Mrs. C. W. Jones, President, Womans' Auxiliary to the Arkansas Medical Society, read the memorial address of Mrs. H. King Wade.

Through the long centuries of human history there has been building a Beloved Community in which all souls that love, all souls that aspire, are bound together in one life. We give thanks unto God for the Communion of the Saints.

We remember today those who walked with us here in other days and are now members of that Beloved Community. They are Mrs. T. M. Fly of Little Rock, Mrs. Cleburne Watkins of Little Rock, and Mrs. E. B. Swindler of Stuttgart.

We are thankful for the women who in every age have toiled mightily for the good of mankind, who have endured hardships without murmuring, who have trod the pathway of duty and service in patience and with hope.

Precious unto us is the memory of these who have added, each in her measure, to the evergrowing treasure of the common life of man. These have not lived in vain. They have joined the Choir Invisible, whose music is the gladness of the world. Still do our beloved dead live again in minds made better for their presence.

We, too, are members of the Beloved Community. A thousand unseen ties bind us in one living body, apart from which there is no life. We are joined in one communion of love and aspiration with all mankind, living and dead. We, too, have our gifts to bring to the altar of humanity—gifts of wisdom, of love, of consecration. We, too, would make our contribution to the unborn future and find immortality in the radiant life of the Kingdom of God.

Thos. Douglass, read the list of deceased members:

IN MEMORIAM

Walter M. Chavis, Pine Bluff, March 16th.
Max O. Usrey, Blytheville, March 29th.
William Richard Hunt, Clarksville, March 30th.
Joseph L. Clemmer, Gentry, April 1st.
James Arthur Wigley, Mulberry, April 4th.
Arthur Myers Gibbs, Hamburg, April 17th.
Charles W. Horton, Hiwassee, April 28th.
Pleasant E. Terry, Holly Grove, April 29th.
James Daniel Mooney, Coal Hill, April 30th.
Jefferson D. Southard, Fort Smith, May 9th.
Robert Rodney Dale, Texarkana, May 10th.
John Marion Hooper, Batesville, May 19th.
James A. Foltz, Fort Smith, May 22nd.
Joseph B. Shaw, Hot Springs, May 28th.
William A. Clark, Bald Knob, July 8th.
John E. McMahan, Conway, July 31st.
Joseph McDowell Brewer, El Dorado, August 27th.
Cooley S. Ellis, Lonoke, September 4th.
George Hicks Martindale, Hope, September 9th.
Nehemiah Irving Stebbins, Nashville, September 21st.
Joseph L. Roe, Little Rock, October 24th.
Robert Lee Paxton, Sheridan, October 29th.
Robert Addison Milliken, Little Rock, November 1st.
Charles Edward Ritchie, Stephens, November 16th.
J. William Scales, Pine Bluff, December 4th.
Shelbey Boone Hinkle, Little Rock, December 5th.
Edward Turner Bramlitt, Malvern, December 18th.
George P. Sanders, Stephens, January 15th.
Harvey Shepherd Thatcher, Little Rock, January 20th.
George Homer Buffington, Decatur, January 24th.
George F. Jackson, Little Rock, January 25th.
Fleming James O'Connor, Little Rock, February 3rd.
William W. York, Ashdown, February 3rd.
William Woodword Easterling, Lake Village, February 21st.
Henry Pace, Eureka Springs, March 13th.
William Guy Pittman, Pine Bluff, March 16th.
Carl Wilson Slusser, Green Forest, April 1st.
Thomas C. Watson, Benton, April 7th.

E. E. Barlow, Chairman, Committee on Necrology, read the Memorial Address.

On this solemn occasion we are assembled to pay tribute to the memory of our departed colleagues. Each of them was the center of a family circle that we may

not invade with words other than those of sympathy. We have not come in a spirit of mouring and sorrow, but rather to scatter a few flowers on the pathway of memory and to renew our faith in a blessed immortality.

Joy and sorrow are closely intermingled in this busy world of ours. The happiness incident to the birth of a precious baby is ofttimes curbed by the death of its mother, and repeatedly on the highway of life the bridal procession must tarry while the funeral train passes by. Even after great victories in battle the shouts and huzzas of the populace are hushed as vanquished foes are borne to their last resting place. But the king and his jester must answer the call, the great and the humble, and the spear of the prince and the staff of the pauper shall lie side by side.

This service is one that carries us away from the busy whirl of today and transports us to the land of yesterday, filled with fond memories of those who have left us for a little while. Scarcely one of us but what sits and muses and grows fanciful as the floodgate of memory is opened and we live again the joys and sorrows of a lifetime.

Mark Antony, in his funeral oration for Julius Caesar, said "The evil that men do lives after them; the good is oft interred with their bones." That is not true, my friends, I am happy to say. If it were, the world would be chaos today, because evil is destructive. It is the good which lives forever, and the evil which is forgotten. It is true the Scriptures tell us that "the sins of the father shall be visited upon his children even unto the third and fourth generation," but they also say that "goodness and mercy endureth forever." No evil endures long; even the horrors of war are forgotten in a generation. But the good that men accomplish in this world can never die. The lives of our fellow-citizens were open books; which have been read by you all. To recount their achievements, their acts of kindness and generosity, would require hours.

The fond mother in fancy sees her first born who was taken away in his baby days, and there comes to her an intuitive knowledge that had he been spared he would have been her pride and joy. Son and daughter in fancy see again their dear old father and mother who finally went to their reward after weary months of illness. Even communities pause in the midst of their activities to pay tribute to the memory of those whose life work and achievements have made them characters of historic interest.

And so we are assembled to turn back the pages of the record of yesterday, and as we listen to this roll call of the departed we in fancy could see our colleagues as we knew them in the days of their health and strength, of which they gave their full measure in the performance of their duties. No measure of sacrifice on our part would have been too great if we could have saved their lives to their families and friends. But the power to stay the hand of the grim messenger is not vested in us, and we bow in humble submission before the awful majesty of death. Life, after all, is but a vapor, which appeareth for a little while and vanisheth away, and there shall be no remembrance of the wise no more than the fool forever; life is ever promising and seldom fulfilleth, ever lived in the present, and the present is no more by the time you have said it. One day calls another a day and makes joy to follow joy and tears to follow tears.

Life is a constant struggle and conflict between the victor and the vanquished, while the bitterness of the strife withers the laurels of the conqueror and rankles in the hearts of the defeated. Success is not often measured by the degree of happiness, peace, or contentment attained, but rather by the battles won and trophies captured from the vanquished foe. Fortunate is the man who can so live that his success in material things has not dwarfed his spiritual stature. Death to him is but the zero hour of the great adventure, and he sings with the psalmist, "Yea though I walk through the valley of the shadow of death, I will fear no evil, Thy rod and Thy staff they comfort me". But man is as frail and as prone to err as he has been for centuries, and in spite of the great moral uplift and banishment of bigotry during the last century we are still possessed of the tendency to exaggerate the faults of our neighbor and belittle his eforts for good. So few of us during our life journey walk the center of the path of rectitude with never a step to the right or to the left that in order to be true to ourselves we should be less hasty and caustic in our criticism and heed well the admonition, "He that is without sin among you, let him first cast a stone."

The ancient Arabs had a saying that "death is a camel that kneels before every man's tent," and so in the midst of the battle of life comes death, the implacable foe of person, time, or place. Ever walking by our side, it is universal and the hour of its coming uncertain. In joy or sorrow it finds us out and we must follow at the summons. Even as our departed friends were called, to us shall come perhaps without warning the grim messenger who shall dash the cup of life all fragrant with love and success from our lips and we shall stand as strangers at the gate of eternity. What will our earthly life, our lofty hopes, our success or failure matter to us at that time? How paltry and insignificant our own individuality, and how small will seem the part we played in the drama of the universe There we shall stand in the presence of the Everlasting Judge, and human imagination dare not take a step farther, dare not enter that Presence, for between us and the soul of departed friends there is a veil which we can not penetrate, and its secret will not be revealed to us until we too pass behind it from the light which is darkness to the full light of perfect knowledge.

What a flood of happy recollections come tumbling down the stream of memory as we look back upon the friendships developed by years of association with these departed friends. To us they have told their story of humble beginnings and early hardships which, in men of sterling worth and integrity, serve but to urge them on to their goal of achievement. They have attained positions of high honor in their communities and yet their ambition had been to serve their fellowmen in a representative capacity. They all contributed to the sum total of knowledge and ability that is so necessary to our profession. To the younger members of our association they were a source of inspiration, and to us all they were united in the bonds of real friendship.

Thank God for the kind words and good deeds of those brethen who have gone, and for those also who are here whose lasting friendships are better far than fine gold or precious jewels.

Upon the death of Charles Sumner, long time United States Senator from Massachusetts, memorial exercises were held in the hall of the House of Representatives, Washington. One of the Speakers, Lucius Q. C. Lamar, Senator from Mississippi, and afterwards a Justice of the U. S. Supreme Court, said in part: "The impulse

was often strong upon me to go to him and offer him my hand, and my heart with it, and to express to him my thanks for his kind and considerate course toward the people with whom I am identified. If I did not yield to that impulse, it was because that the thought occurred that other days were coming in which such a demonstration might be more opportune, and less liable to misconstruction. Suddenly, and without premonition, a day has come at last to which, for such a purpose, there is no tomorrow." Full sixty years have come and gone, but the eloquent words of this Southern Statesman and jurist still ring true and clear, calling us to do today, and in all the tomorrows, those tasks which the wholesome impulses of the heart dictate we should do.

The passing of these distinguished citizens was a loss not only to their immediate families but a loss to the State and Nation. Their achievements will be a source of inspiration to us and to future generations. What better record can a man leave than that of the full performance of duty? Such a record is the result of the possession not only of marked ability but of undaunted courage and a high sense of honor. To men of this caliber the Nation is indebted for their tireless energy and devoted service. To them the master said, "In my Father's house are many mansions. I go to prepare a place for you," and our faith in a blessed immortality tells us that we shall see them again in that "house not made with hands, eternal in the heavens." Without this abiding faith in the hereafter, death would be indeed an appalling mystery, life would be a tragedy, and love and devotion a mere mockery.

We all dread to think of the hour of parting when those nearest and dearest to our hearts shall be taken out of our lives. But the great wealth of our love and devotion will not be lost to us, for it shall be gathered into the treasury of the kingdom and shall be returned to us an hundred-fold when we in our turn, shall follow the unnumbered generations into gladness eternal.

God in His infinite wisdom does not permit us to darken our lives with the thoughts of death. He bids us raise our eyes to the heavens and ever have an abiding faith in our fellow men; to cultivate self-respect in place of self-regard; to walk humbly with him in the quietness of the dim valley and the dark stream, ever believing that an all-merciful Providence has a place and a joy for even the most humble of His creations.

Amidst our trials and tribulations, our ambitions and our temptations, let us remember the closing stanza of that literary gem by Bryant:

So live that when thy summons comes to join
That innumerable caravan which moves
To that mysterious realm where each shall take
His chamber in the silent halls of death,
Thou go not, like a quarry-slave at night,
Scourged to his dungeon, but sustained and soothed
By an unfaltering trust, approach thy grave,
Like one who wraps the drapery of his couch
About him, and lies down to pleasant dreams.

Mrs. Will Quinn, accompanied by Mrs. Lloyd White at the organ, rendered "Eye Hath Not Seen" as a vocal solo.

The benediction was given by Rev. F. E. Maddox.

SECOND GENERAL SESSION
APRIL 19TH, 1938
9:30 A. M.

The following scientific program was presented:

"Hypotension and Its Significance," John Samuel, Little Rock.

"Hypertension: A Review of Recent Advances in Therapy," M. Herbert Barker, Chicago.

"Spontaneous Pneumopericardium: Case Report," Alan A. Gilbert, Fayetteville. Discussed by C. T. Chamberlain, Fort Smith, J. K. Donaldson, Little Rock, and W. R. Brooksher, Fort Smith.

"Diagnostic Bronchoscopy", John Agar, Little Rock.

Discussed by Harvey Shipp, Little Rock, Paul Mahoney, Little Rock, and John Agar, in closing.

"Modern Chest Surgery," J. K. Donaldson, Little Rock.

"Collapse Therapy in Pulmonary Tuberculosis," Charles R. Gowen, Shreveport.

The General Session reconvened at 1:30 P. M. for the following scientific program:

"Present Status of Sulfanilamide Therapy for Severe Infections in Infants and Children," Alexis Hartmann, Saint Louis.

"The Role of the General Practitioner in the Treatment of Fractures," T. P. Foltz, Fort Smith. Discussed by F. Walter Carruthers, Little Rock.

"The Medico-Legal Aspects of the Surgery of Trauma", Val Parmley, Little Rock.

"Fractures of the Elbow", D. H. O'Donoghue, Oklahoma City.

"The Immunology and Laboratory Diagnosis of Syphilis," M. J. Kilbury, Little Rock. Discussed by D. E. White, El Dorado, and M. J. Kilbury, in closing.

"Treatment of Some Common Skin Diseases", C. B. Erickson, Shreveport.

"A Study of Bacillary Dysentery," L. D. Massey, Osceola.

SECTION ON EYE EAR NOSE AND THROAT
April 19, 1938
Grim Hotel, 9:00 A. M.
RAYMOND C. COOK, Secretary

The meeting was called to order by Dr. T. E. Fuller, Chairman.

The following program was rendered:

(1) "Refraction" Dr. L. Gardner of Russellville. Discussed by Dr. Lanier, Dr. Roberts, Dr. Vinsonhaler, Dr. Moulton.

(2) "Is Sinus Disease Curable?" Dr. Virgil Payne of Pine Bluff. Discussed by Dr. Lanier, Dr. Buchignoni.

(3) "Some Personal Experiences with the Trephine Operation In Glaucoma" by Dr. E. C. Moulon of Ft. Smith. Discussed by Dr. Buffington and Dr. Vinsonhaler.

(4) "Intro-Ocular Tumors" by Dr. A. W. Roberts of Texarkana. Discussed by Dr. Buffington.

(5) "Detached Retina" by Dr. W. R. Buffington of New Orleans, Louisiana, guest speaker.

The meeting adjourned at 12:30 for luncheon. At this time the minutes of the previous meeting were read and approved.

The following were elected officers:

President—Dr. O. H. King.

Vice President—Dr. V. Payne.

Secretary—R. C. Cook.

Dr. Moulton was elected Censor for a three year term, filling the place of Dr. H. J. G. Koobs whose term expired.

Dr. J. A. Buchignoni of Memphis, Tennessee was a visitor.

Following a round table discussion led by Dr. Buffington, the meeting adjourned.

The annual banquet of the Society with entertainment was held in the Grim Hotel, April 19th, at 7:00 P. M. The banquet was followed by dancing in the roof garden.

THIRD GENERAL SESSION
APRIL 20TH, 1938
8:30 A. M.

The Society was called to order by President Johnston and the following scientific program presented:

"Hyperparathyroidism: Case Report", W. F. Adams, Fort Smith. Discussed by W. T. Wootton, Hot Springs National Park.

"The Irritable Colon", S. F. Hoge, Little Rock.

"Allergy in General Practice", N. L. Miller, Oklahoma City.

"Irregular Menses," Alvin Strauss, Little Rock.

"The Female Castrate," Earle Hunt and G. R. Siegel, Clarksville.

"Controlling the Size of the Family," Fred Taussig, Saint Louis.

"Present-Day Treatment of Varicose Veins," Carl Rosenbaum, Little Rock.

"Diagnosis and Treatment of Brain Tumors", Roland Klemme, Saint Louis.

FINAL SESSION
HOUSE OF DELEGATES
APRIL 20TH, 1938
1:30 P. M.

The meeting was called to order by O. J. T. Johnston, President.

The following members of the House of Delegates were present:

President Johnston; Past-presidents Barlow, Kosminsky, Lemons, Moulton, McCaskill and Wootton; Councilors Stroud, Hawkins, Stewart, Robins, Hirst, Euclid Smith, Parmley and McNeil, and Delegates, S. J. Allbright, White; Hoyt R. Allen, Pulaski; A. L. Carter, Carroll; W. P. Cooksey, Columbia; M. C. Crandall, Ashley; Thos. Douglass, Franklin; L. T. Evans, Independence; Ross Fowler, Boone; S. C. Fulmer, Pulaski; J. C. Graves, Sevier; T. C. Guthrie, Lawrence; Alfred Hathcock, Washington; J. B. Hesterley, Nevada; G. A. Hughes, Benton; Earle H. Hunt, Johnson; J. B. Jameson, Ouachita; M. C. John, Arkansas; Miles F. Kelly, Grant; M. C. John, Arkansas; M. J. Kilbury, Pulaski; O. J. Kirksey, Crawford; A. C. Kolb, Hempstead; J. M. Lemons, Jefferson; B. C. Middleton, Miller; Berry L. Moore, Union; H. Moulton, Sebastian; L. C. McVay, Crittenden; A. R. Power, Garland; R. E. Schirmer, Mississippi; Ralph M. Sloan, Craighead-Poinsett; Joe F. Shuffield, Pulaski; H. T. Smith, Desha; W. A. Snodgrass, Jr., Bradley; Joe Verser, Craighead-Poinsett; B. L. Ware, Sebastian; D. E. White, Union, and W. T. Wootton Garland, and Secretary Brooksher.

W. T. Wooton presented the report of the Nominating Committee:

President-Elect—A. S. Buchanan, Prescott; S. C. Fulmer, Little Rock; M. C. John, Stuttgart.

First Vice-president—R. R. Kirkpatrick, Texarkana.

Second Vice-president—C. G. Hinkle, Batesville.

Third Vice-president—S. W. Douglas, Eudora.

Treasurer—R. J. Calcote, Little Rock.

Secretary—W. R. Brooksher, Fort Smith.

Councilor, Second District—M. C. Hawkins, Jr., Searcy.

Councilor, Fourth District—H. T. Smith, McGehee.

Councilor, Sixth District—Don Smith, Hope.

Councilor, Eighth District—Val Parmley, Little Rock.

Councilor, Tenth District—Clyde McNeil, Rogers.

Delegate to the American Medical Association—E. E. Barlow, Dermott.

Alternate to the American Medical Association—O. J. T. Johnston, Batesville.

By motion (Kosminsky-Lemons) the report of the Nominating Committee was accepted and

the nominees with the exception of those for President-Elect and Secretary were declared unanimously elected by the Secretary. President Johnston declared the nominee for Secretary unaminously elected.

The following tellers were appointed: B. L. Ware, L. T. Evans and Joe F. Shuffield. The House of Delegates then voted by ballot upon the names of A. S. Buchanan, S. C. Fulmer and M. C. John for President-Elect. A. S. Buchanan received a majority of votes on the first ballot and was declared elected by President Johnston.

D. E. White reported that a canvas by his committee showed no outsiders present within the House of Delegates.

M. E. McCaskill then presented the report of the Reference Committee.

We, your Reference Committee, after having carefully considered the President's address to the House desire to express our apprciation of the clarity of thought and expression, and the conclusions reached by President Johnston in his discussion of "Socialized or State Medicine," and we urge the members of the Society to carefully read the paper when published in the Journal so that we may be further strengthened in our determination to never permit such a system to become established in this country.

The Committee on Scientific Work has given us one of the best programs we have ever had. The arrangement of alternating the out-of-state and the intrastate speakers is excellent. Because of the excellence of the program each one of us will have benefited imeasurably.

The report of the Committee of Health and Instruction was encouraging and we would urge the Society to give its full support to the proposed refresher course in pediatrics. We were pleased to learn that the health conditions in Arkansas compare favorably with neighboring states, and we approve of the committee's suggestion that the Society should promote more programs for the laity, as well as more press and radio publicity, etc., in order to acquaint the people with the true conditions of prevention, diagnosis and treatment of diseases. We recommend that the syphilis control program in Arkansas be carried on by the private practtitioners insofar as the treatment is concerned, having in mind that free medicine will be provided by the state board of health for indigent cases, when he so requests.

The report of the Legislative Committee, though brief, shows the proper spirit, and we believe we may have a report next year of a great deal of good work done. We bespeak for this committee the enthusiastic support of the entire membership.

The committee on Medical Education and Hospitals asks for your continued full support of the University of Arkansas Medical School that it may continue to maintain its present standing; this we approve.

The Committee on Public Relations has initiated a worthy task in having published in some twenty-five newspapers in the state various medico-public articles. We heartily recommend that this good work be continued, approving of the committee's suggestion that the various county secretaries contact their local newspapers in an endeavor to interest them in this work. We also believe this committee should be responsible for and approve such publicity as goes out representing the present thought of this Society.

The Medical Economics committee reiterates the three resolutions passed last year, and offers another as follows: "BE IT RESOLVED That the Council of the Arkansas Medical Society appoint a committee of three from its membership or from the Society at large, such committee having full power to act for the Society in all matters pertaining to medical attention to the indigent, when funds, Federal, State or municipal, are used.

BE IT FURTHER RESOLVED That no member of the Society shall have the right to pass upon any such matters affecting the Society without first having the approval of this committee."

The Committee on Cancer control recommends the approval of the work of the Women's Field Army of the American Society for the Control of Cancer. We believe this should be done and so recommend.

The Maternal Welfare Committee recommends that a long term committee be established to investigate the mid-wife problem nationally so that a solid foundation may be established upon which we might build our program. This is a worthy object, and we believe that such a program should be entered into by the present committee, with the addition of a pediatrician, as suggested by the committee.

The report of the Committee on Postgraduate study was encouraging. We recommend that this work should be continued with, insofar as practicable, the same committee in charge. It is our opinion that this course can best be conducted at the medical school so that the teaching staff and other facilities may be utilized.

The committee on Syphilis Control recommends that the Society take the lead in having a law passed preventing the marriage of individuals infected with venereal disease. We approve of this and suggest that it be referred to the Legislative Committee for appropriate action.

The report of the Secretary of the State Medical Board of the Arkansas Medical Society recommends the establishment of an annual registration fee of $2.00. This we disapprove.

The report of the fraternal delegate to the Louisiana State Medical Society contains a valuable suggestion relative to the history of medicine in our state. We recommend that the President of the Society appoint such a committee that this suggestion may be carried out.

The report of Honorable Peter A. Deisch, attorney for the Society, recommends that the law be so amended that a licensing board should be required to act within 30 days after the issues are joined. We approve of his suggestion, that this be referred to the Legislative committee for appropriate action.

The report of the Treasurer is very satisfactory and we are happy to see that we have on deposit to the credit of the Society a substantial sum. We sincerely hope that this may be increased so that we may have the necessary funds for use at a time of emergency, that may not now be foreseen.

We approve in its entirety the report of the Secretary and compliment him on his very efficient work during the year.

We recommend that the Society participate in the proposed survey of medical care as available to all the

people as authorized in a resolution of the Board of Trustees of the American Medical Association.

A committee from the Council has had under consideration a proposed plan to be used by the respective counties in dealing with the Farm Security Administration in the handling of medical care for their clients. We believe that the House of Delegates should not take official action in approving this plan at this time, but let each county society decide for itself, whether or not it wants to participate in such a plan.

By motion (McCaskill-Allbright) the report of the Reference Committee was adopted.

Euclid Smith presented the report of the Council.

April 18, 1938

Allowed expenses of the 1938 annual session. Allowed honorarium of secretary-editor and counsel. Made nomination of members for election to honorary membership. Authorized president, chairman of council, chairman of legislative committee and secretary, to make arrangements for 1939 legislative session. Appointed auditing committee. Received report from committee on revision of constitution. Referred decision as to showing of the motion picture, "The Birth of a Baby", to the committee on maternal welfare.

April 19, 1938

Received report of Hoyt Allen, Council representative in charge of commercial exhibits. Adopted a vote of thanks to Dr. Allen for his services. Adopted a vote of thanks to the late Geo. F. Jackson for his services. Allowed expense of committee on public relations. By motion approved of the efforts and suggestions of the special committee on the Farm Security Administration, referring the suggested plan to the county medical societies for final action. Adopted a resolution asking the American College of Surgeons to withhold approval of hospitals which have staff members not affiliated with organized medicine. Adopted a resolution to the House of Delegates of the American Medical Association asking that postgraduate study facilities conducted by components and members of organized medicine be restricted to those physicians eligible to membership in organized medicine.

April 20, 1938

Authorized an expenditure not to exceed two hundred dollars to compile a history of Arkansas medicine. Adopted resolutions of thanks to the Miller County Medical Society, the newspapers of Texarkana, the citizens of Texarkana, the Grim Hotel, for courtesies extended. Requested the legislative committee to study the matter of physical therapy. Adopted resolution of sympathy to D. L. Owens account of illness in his family. Recommended participation in the medical care survey urged by the American Medical Association. Extended vote of thanks to C. W. Dixon, retiring from office. Adopted report of auditing committee.

By motion (E. Smith-Hawkins) the report of the Council was adopted.

The secretary then presented the names of the following members nominated for honorary membership by the Council:

A. S. J. Collins, Monticello.
S. J. Hesterly, Prescott.
C. H. Nims, Hot Springs National Park.
I. N. McCollum, Conway.
J. H. McLean, Caddo Gap.
M. Y. Pope, Monticello.
W. F. Robins, Ozan.
R. L. Smith, Russellville.
W. A. Snodgrass, Little Rock.
A. R. Stover, Oak Park, Illinois.
D. M. Switzer, North Little Rock.
C. E. Witt, Little Rock.
O. S. Wood, Salem.

By motion (Evans-Shuffield) these were elected to honorary membership in the Society.

Communications were read from Mrs. Geo. B. Fletcher, Hot Springs National Park; Southern Medical Association, Birmingham, and the Arkansas Tuberculosis Association, Little Rock.

The following changes to the Constitution and By-Laws of the Society were presented by the Committee on Revision of the Constitution of the Council:

Revision of Article IX, Section 2, to read as follows: "The President-Elect, the Vice-presidents, the Secretary, and the Treasurer shall be elected annually, each to serve a one-year term. On the expiration of his term as President-Elect, that person shall automatically succeed to the Presidency and shall serve as President for the ensuing year. Each year five Councilors shall be elected, each to serve a two-year term. All officers shall serve until their successors are installed".

Change in By-Laws: Chapter IV, Section 2, where it states "thirty days prior to the annual meeting" to be changed to read "March 1st", which is in keeping with Section IX, Section 13.

Change in By-Laws: Chapter VII, Section 1, by deleting the word "clerk", and substituting therefor the word, "secretary".

The Committee on Revision of the Constitution from the Council further recommends "that it become the custom in the Arkansas Medical Society to send the same delegates year after year to the American Medical Association. We think it is well to have the state secretary as one of the delegates. The other should be a capable representative of the Arkansas Medical Society and should be re-elected every two years, provided his services are satisfactory. Other states have followed this custom and it is found that in this manner state representation is more effective."

By motion (Hawkins-Parmley) the report of the Committee on Revision of the Constitution was adopted.

G. R. Siegel presented the following resolution:

"Whereas, most of the success of the 63rd Annual Session of the Arkansas Medical Society is due to the presence on our program of the distinguished guests, led by the President of the American Medical Association, Dr. J. H. J. Upham, others being:

M. Herbert Barker, Chicago; J. Shelton Horsley, Richmond; W. R. Buffington, New Orleans; Alexis F. Hartmann, Saint Louis; D. H. O'Donoghue, Oklahoma City; Chas. R. Gowen, Shreveport; C. B. Erickson, Shreveport; N. L. Miller, Oklahoma City; Fred J. Taussig. Saint Louis, and Roland Klemme, Saint Louis, all of whom read papers of great merit;

Therefore, Be It Resolved, by the House of Delegates of the Arkansas Medical Society that our earnest thanks are hereby extended to each of them."

By Motion (Siegel-Evans) the resolution was adopted.

Ross Fowler presented the following resolution:

"Whereas, the management of the Grim Hotel, on the occasion of the Annual Session of the Arkansas Medical Society, now closing, has left nothing to be desired in the way of conveniences and courteous and thoughtful attention to our every want, and

Whereas, our hosts have been most generous in placing at our disposal rooms and facilities for our meeting, and

Whereas, our every desire has been anticipated by the management of the hotel and its staff,

Now, Therefore, Be It Resolved, that the House of Delegates of the Arkansas Medical Society extends its hearty thanks and appreciation for these many courtesies extended to us."

By motion (Fowler-Evans) the resolution was adopted.

M. C. Hawkins, Jr., presented the following resolution:

"Whereas, the newspapers of Texarkana have been most generous and cordial in the treatment accorded our Society during the session now drawing to a close, and

Whereas, this spirit of encouragement and cooperation has been much appreciated by our membership,

Now, Therefore, Be It Resolved, by the House of Delegates of the Arkansas Medical Society that our best thanks are hereby extended to the press of Texarkana for the uniformly fair and full manner in which all proceedings of the Society have been reported."

By motion (Hawkins-Parmley) the resolution was adopted.

H. A. Stroud presented the following resolution:

"The Sixty-third Annual Session of the Arkansas Medical Society has passed into history under circumstances as pleasant and favorable as could possibly exist. Not only the Miller County Medical Society, but the people of Texarkana, have been most gracious in the wholesouled hospitality which they extended during our entire visit in their city.

Therefore, Be It Resolved, that the House of Delegates of the Arkansas Medical Society extend its earnest thanks for the welcome accorded its members, for the cordial goodfellowship always displayed by our hosts, the Miller County Medical Society, and for the lavish entertainment so generously and graciously extended us."

By motion (Stroud-Hathcock) the resolution was adopted.

H. A. Stroud presented the following resolution:

"Whereas, we feel that the need for three separate medical examining boards has passed, and

Whereas, we feel that the public health and the medical profession in Arkansas can better be served by one composite board, composed of representatives of the three classes of the medical profession, to wit, the regular, the eclectic and the homeopathic, prorated as may seem best, that the three classes may be proportionately represented,

Therefore, Be It Resolved, that the Lawrence County Medical Society go on record as favoring the abolishment of the three examining boards now in existence and the creation of one composite examining board to serve the three branches of the profession in Arkansas."

By motion (Stroud-Evans) the resolution was referred to the Committee on Medical Legislation.

L. T. Evans presented the following report of the committee to audit the accounts of the Committee on Postgraduate Study:

We, your Auditing committee for Post Graduate work, beg leave to file the following report:

The receipts and expenditures of the postgraduate committee have been carefully examined. We find the accounts and records have been carefully kept, are in good condition, and reflect the true condition of the accounts of that committee as follows:

	Receipts	Expenditures	Deficit	Profit
Sept. 1936	$ 710.00	$ 361.07		$ 348.93
Jan. 1937	$ 410.00	$ 335.85		74.15
Sept. 1937	$ 432.00	$ 478.64	$46.64	
Jan. 1938	$ 560.00	$ 400.15		$ 159.85
	$2,112.00	$1,575.71	$46.64	$ 682.93
	$1,575.71			46.64
	$ 536.29			$ 536.29

Respectfully submitted,

J. H. FOWLER
L. T. EVANS
H. T. SMITH

By motion (Evans-H. T. Smith) the report was adopted.

The House of Delegates then adjourned.

FINAL GENERAL SESSION
APRIL 20TH, 1938

The final general session was called to order following the adjournment of the final session of the House of Delegates by President Johnston.

The following past-presidents came to the rostrum: W. T. Wootton, J. M. Lemons, L. J. Kosminsky, M. E. McCaskill and H. Moulton.

President-Elect Wolfermann was escorted to the rostrum by W. T. Wooton and J. M. Lemons. President Johnston:

It has been a pleasure and a privilege to have been your President, and I hope that I can be of more service to organized medicine in the years to come than I have in the past.

I want to express my thanks to the council and the various committees and also to our most efficient secretary, Dr. Brooksher, for their cooperation during the past year, and I trust that you will give to Dr. Wolferman the same cooperation that you have given me.

I also wish to eprexss my thanks to the Bowie-Miller Counties Medical Society and their local committees for their many courtesies to the Arkansas Medical Society and especially to Mrs. Johnston and me while in your city.

Dr. Wolfermann:

In behalf of the Arkansas Medical Society I present you this gavel, an emblem of authority, and with it goes all the pleasures and privileges that accompany it.

President Wolfermann:

Again may I express to you my sincere appreciation for the honor and privilege of being your president the coming year. My years spent as a councilor, in close contact with various presidents, give to me a deep sense of humility in taking over this gavel. I realize full well the responsibilities and the strenuous work involved, if one is to be a good president.

The world today is in a state of unrest. Economic changes and conditions are causing much unhappiness. Organized medicine, like other professions and businesses, must of necessity make adjustment to these changes. In each of the 48 states, these conditions are different and no Federal panacea or plan will be the solution.

We, as representatives of the physicians of Arkansas, must make our own plans for our own state. That does not mean the officers of your medical society alone, but each and everyone of you.

As soon as convenient after this meeting, your officers will convene and try to outline a procedure of work for the coming year. From time to time you will be advised of these through The Journal.

On invitation to the past-president to speak L. J. Kosminsky stated that Texarkana had been pleased to entertain the 63rd annual session of the Society.

President Woltermann:

In my 24 years as a member of this Society I have enjoyed many little pleasantries. The time has now come for another of these; one of the greatest of them all. For the past 10 years I have worked with and along side of a man who has given the best he had, and that was mighty good, to this Society. He is none other than your President-Elect, and I assure you I consider it an honor and a pleasure to present President-Elect Buchanan.

President-Elect A. S. Buchanan was escorted to the rostrum by S. C. Fulmer and M. C. John and spoke of his appreciation for the honor he had received.

Each past-president present on the rostrum was introduced.

W. T. Wootton extended an invitation from Hot Springs National Park that the Society meet in that city in 1939. By motion (Kosminsky-Lemons) the invitation was accepted.

By motion (Ware-Allbright) the Society adjourned sine die.

MEMBERS REGISTERED AT THE TEXARKANA SESSION

ARKANSAS—M. C. John; ASHLEY—M. C. Crandall; BENTON—M. W. Chastain, G. A. Hughes, Max F. McAllister, Clyde McNeil, A. L. Peacock, C. S. Wilson; BOONE—J. H. Fowler, Ross Fowler, J. L. Jackson, Ulys Jackson, O. B. McCoy, D. L. Owens; BRADLEY—W. B. Reasons, W. A. Snodgrass, Jr.; CARROLL—A. L. Carter, J. F. John, D. K. McCurry; CHICOT—E. E. Barlow, J. H. Burge, S. W. Douglas; CLARK—J. P. Bremer, R. L. Bryant, E. E. Carter, J. K. Grace, J. T. McLain, J. N. Pate, Joe Reid, H. A. Ross, T. T. Ross, C. K. Townsend; COLUMBIA—W. P. Cooksey, H. M. Kitchens, L. A. Longino, G. F. McLeod, Joe F. Rushton; CONWAY—D. W. Dykstra, J. M. Matthews, W. P. Scarlett; CRAIGHEAD-POINSETT—O. L. Atkinson, J. B. Elders, R. M. Sloan, H. A. Stroud, Joe Verser; CRAWFORD—Frank G. Engler, O. J. Kirksey; CRITTENDEN—L. C. McVay; CROSS—T. J. Stewart, Thos. Wilson; DALLAS—E. E. Estes, S. J. Estes, J. E. M. Taylor; DESHA—Gibbs Biscoe, H. T. Smith; DREW—L. B. Jones, J. P. Price, J. S. Wilson; FAULKNER—Robert L. Taylor; FRANKLIN—Thos. Douglass; GARLAND—W. M. Blackshare, J. O. Boydstone, F. M. Burton, O. H. King, W. V. Laws, C. S. Moss, A. R. Power, E. M. Smith, H. King Wade, W. T. Wootton; GRANT—John W. Cole, Miles F. Kelly; HEMPSTEAD—W. G. Allison, P. B. Carrigan, G. E. Cannon, J. E. Gentry, A. C. Kolb, L. M. Lile, J. G. Martindale, Jim McKenzie, T. L. McDonald, W. F. Robins, Don Smith, J. H. Weaver; HOT SPRING—H. L. Brown, W. G. Hodges, M. D. Prickett; HOWARD-PIKE—T. F. Alford, Wm. Gibson, R. L. Wood; INDEPENDENCE—Calvin Churchill, L. T. Evans, C. G. Hinkle, I. M. Huskey, O. J. T. Johnston; JEFFERSON—W. H. Bruce, H. A. Causey, T. J. Cunningham, J. S. Jenkins, J. M. Lemons, W. T. Lowe, R. E. Maynard, E. C. McMullen, Virgil L. Payne, A. M. Troupe; JOHNSON—Earle H. Hunt, J. M. Kolb, G. R. Siegel; LAFAYETTE—J. F. McKnight, A. G. Walker; LONOKE—A. C. Watson; LAWRENCE—T. C. Guthrie; LINCOLN—C. W. Dixon; LITTLE RIVER—E. O. Harper, E. R. King, P. H. Phillips, J. W. Ringgold; MADISON—J. F. Walker; MILLER—E. L. Beck, R. F. Baskett, S. A. Collom, Jr., R. C. Cross, N. B. Daniel, W. H. Daubs, T. E. Fuller, L. P. Good, H. C. Harrell, E. A. Hawley, Preston Hunt, W. A. Hutchinson, C. E. Kitchens, R. R. Kirkpatrick, T. F. Kittrell, L. J. Kosminsky, L. H. Lanier, R. S. Laws, A. G. Lee, H. E. Longino, A. H. Mann, B. C. Middleton, K. T. Mosley, H. E. Murry, G. W. Parson, R. W. Pickett, R. R. Robins, J. T. Robinson, C. A. Smith, W. Decker Smith, Frances Spinka, Joe Tyson, J. F. Williams, J. N. White; MISSSIPPI—L. D. Massey, R. E. Schirmer, A. M. Washburn; MONROE—E. D. McKnight; NEVADA—A. S. Buchanan,

J. B. Hesterly, O. G. Hirst, R. P. Hughes; OUACHITA—J. P. Clemens, J. B. Jameson, R. B. Robins, R. R. Robins, S. A. Thompson; POLK—B. H. Hawkins, Pierre Redman; POLK—R. Cowan, L. Gardner, R. I. Millard, A. B. Tate; PRAIRIE—J. R. Lynn; PULASKI—J. S. Agar, H. R. Allen, B. A. Bennett, C. M. Brooks, T. Duel Brown, R. J. Calcote, F. Walter Carruthers, A. G. Cazort, J. N. Compton, Raymond C. Cook, J. B. Crawford, A. F. DeGroat, J. K. Donaldson, T. M. Fly, T. F. Freedman, W. N. Freemyer, D. W. Fulmer, P. M. Fulmer, S. C. Fulmer, E. C. Gay, W. B. Grayson, D. R. Hardeman, J. Donald Hayes, C. R. Henry, S. F. Hoge, H. W. Hundling, H. Fay H. Jones, H. W. Jones, M. J. Kilbury, A. C. Kirby, G. V. Lewis, J. S. Levy, M. E. McCaskill, P. L. Mahoney, O. C. Melson, Madeline M. Melson, R. D. Moore, Jr., Pat Murphey, W. V. Newman, Val Parmley, W. R. Parsons, R. Q. Patterson, Sam Phillips, G. W. Reagan, L. D. Reagan, C. C. Reed, J. M. Roberts, C. A. Rosenbaum, J. M. Samuel, A. C. Shipp, Harvey Shipp, Joe F. Shuffield, W. Myers Smith, W. A. Snodgrass, A. W. Strauss, J. A. Summers, F. Vinsonhaler, Lawrence M. Zell; SALINE—C. W. Jones; SEBASTIAN—W. F. Adams, J. H. Benefield, W. R. Brooksher, C. T. Chamberlain, R. E. Crigler, H. C. Dorsey, W. G. Eberle, T. P. Foltz, I. Fulton Jones, J. E. Johnson, E. C. Moulton, H. Moulton, J. W. Redman, J. S. Southard, S. P. Stubbs, B. L. Ware, R. E. Weddington, S. J. Wolfermann, G. G. Woods; SEVIER—C. A. Archer, R. C. Dickinson, J. C. Graves, C. C. Hanchey, B. E. Hendrix, R. L. Hopkins, C. E. Kitchens, M. L. Norwood; SAINT FRANCIS—W. A. Winter; UNION—A. D. Cathey, J. F. Clark, C. E. Kennedy, S. J. McGraw, B. L. Moore, J. A. Moore, G. D. Murphy, J. Murry Smith, D. E. White; WASHINGTON—Allan A. Gilbert, A. H Hathcock, Fount Richardson, R. J. Turner; WOODRUFF—J. F. Hays; WHITE—S. J. Allbright, M. C. Hawkins, Jr., A. H. Hudgins.

Total members, 274.
Visitors, 45.
Exhibitors, 18.
Total registration, 337.

CORRESPONDENCE

May 3, 1938.

Dr. S. J. Wolferman, President,
Arkansas Medical Society,
Fort Smith, Arkansas.

Dear Doctor Wolferman:

I wish to call your attention to the poor reporting of births and deaths by some of the physicians of Arkansas. It is very essential that we have better filing of birth and death certificates if Arkansas expects to continue in the United States birth and death registration area.

It is suggested that the county medical societies assume some of the responsibility with reference to securing more prompt reporting of births and deaths by their members. The Bureau of Vital Statistics of the State Board of Health can furnish secretaries a list of the doctors in their respective counties who are habitually delinquent in their reporting, and it is urged that the society take some action about it. It is not the desire of the State Board of Health to prosecute any physician in Arkansas for delinquency in reporting if it can possibly be avoided, although they have all legal authority to do so. It is possible that this policy on the part of the Board has tended to lesson the importance of prompt reporting in the eyes of certain of the physicians of the State. With this in mind we urge that each local medical society aid us in securing PROMPT and **COMPLETE** reporting by its members, calling particular attention to the importance of COMPLETELY filling out each certificate in detail, thus avoiding the necessity of writing back for further information to complete the certificate.

Please be assured that we appreciate the cooperation of the physicians in all matters pertaining to public health activities, but we solicit your assistance in bringing to their attention this important duty of each physician in the State of filing COMPLETED birth and death certificates promptly.

Sincerely yours,

W. B. GRAYSON, M. D.,
State Health Officer.

RESOLUTION

It is with profound regret that we chronicle the passing of one of our number, Dr. G. H. Buffington, of Decatur, Arkansas.

Dr. Buffington practiced his profession in Benton County for many years. He was recognized as an able physician, always upholding organized medicine. As a private citizen he was highly esteemed by his neighbors and colleagues.

Therefore, Be It Resolved, that the Benton County Medical Society has lost one of its most esteemed members, whose memory we will forever cherish as a man whose whole life exemplified the spirit of a life of service.

Be It Further Resolved, that we tender to the family and relatives of the deceased our sincere sympathy in their bereavement and that these resolutions be spread on our minutes and that a copy be sent to the family, and to the Journal of the Arkansas Medical Society.

L. L. Scott,
C. S. Wilson,
A. L. Peacock,
Committee.

It will be a sorry victory for the public if it is ever misled into action that will compel physicians and medical societies to turn aside from their tested traditions and devote their main attention to economic problems. There has been far greater progress in preventive medicine in this country than in any nation in which medical care has been dominated by political and economic interests.—R. G. Leland, M. D.

RANDOM THOUGHTS OF THE SECRETARY

April 17th. Journeying to the convention city by train not displeased with our decision when we ride through much rain south of DeQueen. We are early on the scene at the Grim but by nightfall many a faithful one has crossed the portals and reunions are well in order. Various travelers report having passed the Wolfermanns and Peggy en route, we awaiting dinner until about nine when we decide that is long enough and satisfy a thwarted appetite. Visiting about the hotel with many a group losing our chance to be early to bed and to rise for the first day's meeting.

April 18th. This day the Society convenes in Texas which has its compensations in that no pennies are needed to transact business. Kirkpatrick is the busiest man these old eyes have ever seen about an annual session, here, there and everywhere, seeing that all goes well. Again we are reminded of the difficulties in attending a meeting in the home town, all the calls we write on the blackboard are for the local men. Kosminsky, by virtue of long training in absenting himself from his office, remains without a phone call. The solemn counsel gets in deep with medical terminology and some one should coach him ere he reports to the next annual session. In the afternoon Hathcock presents himself, a sunburned nose testifying to his strenuous activity in the House of Delegates. Observing Charlie Chamberlain at his books all the morning; this boy never gets time to play. Among the attractions is the session in room 601, well-attended, its significance not officially reported to us. The Coca-Cola booth most popular all day, several members apparently angling for appointment as staff physician. The nominating committee is selected with some upset in form to the great surprise of many a delegate. Wootton eats but two servings of ice cream at the luncheon; must be trying to break himself of the habit. With consistency, Parmley is late to all meetings this day. The secretaries dinner is surprisingly well attended despite the active competition of an open house on the main floor, Robins' bell reminding us of that classic, the fireman and his signal. After the public meeting, a well-supported occasion, we journey to the gathering of the Three Musketeers, where beauty, joviality and good food are present in amazing abundance. Tommy Foltz here enters into practical politics for the first time, as well as becoming loquacious.

April 19th. Breakfasting at 6:30 a. m., our usual hour home and abroad, we have the companionship of but a few wearing badges. The memorial services are well-attended and most impressive in their simple beauty. At the session we are busily engaged as electrician, becoming adept at the trade. At the Council session, the Farm Security program is considered, giving everyone an opportunity to make a motion, including Norwood and Wootton. The banquet session plays to a S. R. O. crowd, the Presbyterian minister making such an impression as never a banquet speaker before this crowd and the movement grows to have him repeat next year. Chas. Townsend seated at the speakers table, a fifth suit in a deck of face cards. Yielding to the instincts of youth, we step down among overflow crowd in the coffee shop where conviviality is at its highest peak.

April 20th. This day Earle Hunt presents his paper, carefully written, edited and worked over, all on hotel stationery in his own handwriting. Getaway time starts early, some not even remaining for the election, others arriving just for that event. All runs smoothly and the 63rd annual session ends before three o'clock giving us ample time to pack-up, say many goodbyes and depart with the Wolfermanns and H. Moulton. This group witnesses a thrilling brawl on the highway outside Texarkana, drives past DeQueen, dinner stop, without it having been noticed in the conversational marathon, but continues to Mena, where the third annual post-convention dinner is enjoyed. Thence to the home town with less conversation and more inner thoughts and dozing. Pleased in no manner that Sid is able to negotiate a tour without a puncture.

April 21st. We return to the practice of medicine, having nothing else to do except close the books on the 63rd annual session and send out copies of all these resolutions which Kosminsky introduced by proxy.

April 29th. We breakfast with Foster at 6:45 A. M., thus getting a late start for the day's activities.

April 31st. The family sets out today touring Crawford county's recreational area, a minor marvel being the observation that WPA labor has placed the fireplaces on the side of a hill. But Peggy puts expert touches to the grilled steaks and the inner man ceases to meditate upon the ways of WPA construction. To Devil's Den, a haven of rest yet with ample opportunity for sport, where we tarry till late afternoon. Thence home in the gathering shadows of twilight, not unmindful that the New Deal has something to its credit in these two recreation areas.

May 3rd. Visiting the dentist professionally, amazed at his ability to locate "just one more place here" which needs attention.

May 10th. Sebastian County Medical Society hears much discussion upon the malignant breast with no hecklers.

May 11th. The so-called epidemic strikes, we being so rash as to assert that it could not have happened as rumored. It did.

May 15th. With Neff, able president of the American Hospital Association, Frances, Charlie and Peggy, we journey to the foothills and thence back for a barbecue supper as guests of Charlie Holt, a gay crowd except for Means who mistakes barbecue sauce for plain catsup and of necessity drinks much water. Comes the fantastic tale of Wolfermann's accident whereby the tendon of the flexor hallicus longi is severed, which we accept with mental reservation.

May 16th. We attend a section of the hospital association meeting where many physician-hospital administrators are gathered and Raymond Smith functions much in the manner of the 1935 state meeting at Fort Smith.

May 17th. Reading in the Camden paper that Val Parmley "talked on various subjects," a classic understatement.

May 18th. Sully writes and offers the blessing of Allah and we are reminded that many of his tales are those of the thousand and one Arabian Nights.

May 20th. Attending the pediatric lecture wondering just what a pawn of fate are we to have studied as we did on the modification of infant's food, now to learn how simple it has become in the intervening years.

WOMAN'S AUXILIARY PAGE

MRS. H. E. MURRY, Publicity Secretary, Texarkana.

Dear Auxiliary Members:—

The Fourteenth Annual Convention of the Woman's Auxiliary to the Arkansas Medical Society held in Texarkana April 18, 19 and 20th was a real success. I want to take this opportunity to thank the members of the Miller County Auxiliary for their untiring efforts to make it the success it was, and also for seeing that each and every one of us had a perfectly grand time during our stay there.

For the benefit of those who were not fortunate enough to attend the Convention, I will try to tell you something of the proceedings.

Registration was at 9:00 A. M. the 18th., and during the two days, 101 members registered. The Pre-Convention Board Meeting was well attended and at this meeting all outstanding business was cleared up. At twelve o'clock, we went to the County President's luncheon. There were thirty-five in attendance. After luncheon, we assembled for the first general meeting. We were most cordially welcomed to Texarkana by Mrs. S. A. Collom, and Mrs. O. J. T. Johnston, of Batesville, graciously responded on behalf of the state organization. Reports of officers and committee chairmen showed that much effort had been given our work during the year and results accomplished gratifying.

At four o'clock, we went to a beautifully appointed tea at the home of Mrs. N. B. Daniel, president of the Miller County Auxiliary. The receiving line was composed of officers of the State Auxiliary, the Miller County Auxiliary and also Past Presidents.

At six o'clock, the Miller County Medical Society was host in Open House at the Grim Hotel. I think the social features of our conventions which are for the doctors and wives are so interesting. We do have such a good time.

At the Public Session, we heard two very interesting and enlightening addresses by Dr. J. Shelton Horsley of Richmond, Va., and Dr. J. H. J. Upham of Columbus, Ohio, president of the American Medical Association.

We were up early on the morning of the 19th to attend the Memorial Session at the First Baptist Church. The music and also the tributes to our deceased members were beautiful and impressive.

At the final business session at 9:30 A. M., Tuesday, we were honored by a talk by Dr. O. J. T. Johnston, president of the state medical society. Those of you who did not hear this talk really missed a treat. A copy will be on file with the Research and Romance of Medicine Committee of the Southern, Mrs. S. A. Collom of Texarkana, chairman, and I want to urge you to write for the copy and read it sometime. You will understand how the doctors feel about us. Dr. Fred Krock, chairman of the Cancer Committee of the state medical society, talked informally to us on our new project, "Women's Field Army" of the American Society for the Control of Cancer.

The reports of the County Presidents are always an inspiration. It is through the county units that the greatest part of our work is carried on, and this year the reports were enthusiastic and showed that much Auxiliary work had been accomplished. I wish all of you County Presidents could attend our convention meetings. We need you and you need us, so won't you please make a greater effort to come next year? After the election of officers, we went to the beautiful Country Club for luncheon.

The Past-Presidents and guests were introduced. Mrs. Wm. Hibbitts, vice-president of the American Medical Auxiliary, the Honor Guest was ill, and Mrs. S. A. Collom spoke to us in her place. An interesting feature of this meeting was a Puppet Show "The Three Little Pigs".

The new officers were impressively installed by Mrs. Collom. Then, it was time for me to tell you good-bye, I must say that it was with a heavy heart, because I did enjoy the year's work with you.

Mrs. J. B. Crawford, our new president, was presented, and she outlined her work for the coming year and announced committee chairmen. She then presided over the Post-Convention Board Meeting.

The evening meeting, a banquet, reception and dance, was a gala event. The program varied and entertaining; the dance enjoyable. The Golf Tournament on Wednesday morning brought to a close the Auxiliary meeting.

And now, on behalf of the Auxiliary, I want to thank the Arkansas Medical Society for the lovely badges and our convention programs. Especially, do we thank Dr. Brooksher, Secretary and Editor of the Journal, for his keen interest at all times in our work.

With best wishes to you all, I am,

Sincerely,

ROSINA JONES.

The 14th annual meeting of the Woman's Auxiliary to the Arkansas Medical Society was held April 18-19-20 in Texarkana, with headquarters at the McCartney Hotel. Mrs. Curtis W. Jones of Benton, president of the organization, directed the business sessions.

Monday, April 18th: 9:00 A. M., registrations. 10:00 A. M., Executive Board meeting, with the president, Mrs. Curtis Jones, presiding. 12:00 noon, the county president's luncheon, with 35 present. 2:00 P. M., General Session. Reports included A. M. A. Auxiliary convention report, and report of the state officers.

From 4:00 to 6:00 P. M., visitors at the convention were entertained at tea in the home of Mrs. N. B. Daniel. Mrs. Daniel, president of the Bowie-Miller Counties Medical Auxiliary, was assisted in entertaining by the visiting state officers, who formed the house party. One hundred guests called during the afternoon.

Tuesday, April 19th: Opening event of Tuesday morning's session was a memorial service which began at 8:00 A. M., at the First Baptist church. The meeting was called to order by Dr. O. J. T. Johnston, president of the Arkansas Medical Society. Dr. J. T. Wilbanks, of the Pine Street Presbyterian church of Texarkana, delivered the invocation.

Deceased Auxiliary members whose names were commemorated, included: Mrs. T. M. Fly of Little Rock, whose death occurred September 28, 1937; Mrs. Cleaburne Watkins of Little Rock, December, 1937; and Mrs. E. B. Swindler of Stuttgart, March 27, 1938.

Following the memorial service a business session of the auxiliary opened at 9:30 A. M., with Mrs. Curtis Jones presiding. Mrs. C. W. Garrison gave the invocation. The principal speaker was Dr. O. J. T. Johnston whose subject was "What the Auxiliary means to the Doctors and the Doctors appreciation of the Auxiliary." Reports of the county presidents were given at this time. Dr. Fred Krock of Fort Smith, chairman of the Cancer Control Committee, talked on the work of his committee.

Election of officers was the concluding event of the morning session:

President: Mrs. J. B. Crawford, Little Rock.
President-Elect: Mrs. C. E. Kitchens, DeQueen.
First Vice-President: Mrs. S. C. Fulmer, Little Rock.
Second Vice-President: Mrs. L. J. Kosminsky, Texarkana.
Third Vice-President: Mrs. C. A. Churchill, Batesville.
Fourth Vice-President: Mrs. Alfred Hathcock, Fayetteville.
Recording Secretary: Mrs. K. W. Kosgrove, Little Rock.
Publicity Secretary: Mrs. N. B. Daniel, Texarkana.
Treasurer: Mrs. S. J. Wolfermann, Fort Smith.
Parliamentarian: Mrs. R. B. Robins, Camden.
Members of the nominating committee:
Mrs. H. E. Murry, chairman, Texarkana.
Mrs. D. W. Goldstein, Fort Smith.
Mrs. L. T. Evans, Batesville.
Mrs. R. R. Steele, Fayetteville.
Mrs. J. B. Crawford, Little Rock.

District presidents appointed by Mrs. J. B. Crawford include: First district, Mrs. T. S. Hare, Crawfordsville.
Second district, Mrs. O. J. T. Johnston, Batesville.
Third district, Mrs. E. D. McKnight, Brinkley.
Fourth district, Mrs. Charles Dixon, Gould.
Fifth district, Mrs. Warren Riley, El Dorado.
Sixth district, Mrs. H. E. Murry, Texarkana.
Seventh district, Mrs. Curtis Jones, Benton.
Eighth district, Mrs. D. A. Rhinehart, Little Rock.
Ninth district, Mrs. D. K. McCurry, Green Forrest.
Tenth district, Mrs. Loyce Hathcock, Fayetteville.

Following the business session the visitors and local auxiliary members motored to the Texarkana Country Club where luncheon was served at 1:00 P. M.

Mrs. N. B. Daniel, president of Bowie-Miller Counties Medical Auxiliary, was toastmistress, presiding at the luncheon. With Mrs. Daniel, at the state officers' and past presidents' table, were: Mrs. Curtis Jones, of Benton, president of the Arkansas Medical Auxiliary; Mrs. J. B. Crawford, Little Rock, president-elect of the Arkansas Medical Auxiliary; Mrs. C. E. Kitchens, of DeQueen, first vice-president; Mrs. O. J. T. Johnston, of Batesville, second vice-president; Mrs. S. J. Wolfermann, of Fort Smith, third vice-president; Mrs. W. E. Gray, Jr., of Hot Springs, treasurer; Mrs. Loyce Hathcock, of Fayetteville, parliamentarian; Mrs. B. A. Bennett, of Little Rock, secretary; Mrs. H. E. Murry of Texarkana, publicity secretary; and Mrs. S. A. Collom, Sr., of Texarkana, installing officer; and the following past presidents: Mrs. C. W. Garrison, Mrs. Dewell Gann, Mrs. Charles Hinkle, Mrs. Charles Oates, Mrs. W. R. Brooksher, Jr., Mrs. P. H. Phillips, Mrs. B. A. Rhinehart, and Mrs. W. M. McLain.

Mrs. Curtis Jones, retiring president, gave the presidents' address, following the introduction of distinguished guests, visitors and past presidents by Mrs. N. B. Daniel.

Following luncheon, visitors were entertained with a puppet show presented by members of the Junior Service League of Texarkana. This was followed by the installation of new officers, conducted by Mrs. S. A. Collom, Sr., of Texarkana.

Final event of Tuesday afternoon session was a post convention board meeting at 3:30 P. M., presided over by Mrs. J. B. Crawford, incoming president of the Arkansas Medical Auxiliary.

At the meeting of the Sevier County Medical Auxiliary, March 31st, at the home of Mrs. R. L. Hopkins, a one o'clock luncheon was served, with Mrs. J. S. Hendricks as co-hostess, and the following officers for the new year were elected: President, Mrs. J. S. Hendricks; vice-president, Mrs. G. L. Kimball; secretary-treasurer, Mrs. R. L. Hopkins. Mrs. C. E. Kitchens had charge of the program on Publications of Medical Society and Medical Auxiliary and Cancer. It was also announced that April 29th was the tentative date for a speaker, sponsored by the auxiliary, to address a joint meeting of the P.-T. A. The next meeting will be the fourth Thursday in April, with Mrs. Clarence Hooper and Mrs. R. C. Dickinson co-hostesses in Horatio.

Those present included Mrs. Kitchens, Mrs. Archer, Mrs. Hooper, Mrs. Kimball, Mrs. Dickinson, Mrs. O. B. Tate, Mrs. J. C. Graves, Mrs. Leonard Hampson of Lockesburg, Dr. E. L. Manning, of Walnut Springs, Mrs. Hendricks, and Mrs. Hopkins.

A luncheon meeting of the Woman's Auxiliary to the Sebastian County Medical society May 9 at the Blue Dragon dining room, marked the last meeting of the organization before suspension for the summer. Mrs. W. R. Brooksher, Jr., Mrs. Everett Moulton, and Mrs. Wayne Freer were the hostesses.

Officers recently elected who will begin serving at the first meeting in the fall were installed. They are: Mrs. A. A. Blair, president; Mrs. J. S. Southard, vice-president; Mrs. Thomas Price Foltz, secretary; and Mrs. Charles T. Chamberlain, treasurer. Highlights of the state convention held in Texarkana in April were given in reports by those who attended.

Mrs. Blair appointed the following committees: Public relations, Mrs. B. Wayne Freer, chairman; Mrs. Arthur F. Hoge; Hygeia, Mrs. Raymond Smith, chairman, Mrs. B. B. Bruce; telephone, Mrs. D. W. Goldstein, chairman, Mrs. W. F. Adams, Mrs. Walter G. Eberle; publicity, Mrs. W. F. Rose. Mrs. Rose has served the auxiliary for seven years as publicity chairman.

The annual report of the auxiliary reveals that the organization contributed $10.00 to the state student loan fund in Little Rock; sponsored the annual public relations meeting in connection with the Parent-Teacher meetings of Rogers School with the subject, "For Our Own Sakes," a health program on syphilis; held two joint meetings with the Washington county auxiliary members, one at Mt. Gaylor and the second at the Washington Hotel in Fayetteville, where Mrs. Curtis Jones, of Benton, auxiliary state president was a guest of honor; presented several copies of Hygeia to the Carnegie library, rural schools and different clubs.

Luncheon guests Monday were Mrs. J. S. Southard, Mrs. D. W. Goldstein, Mrs. Charles T. Chamberlain, Mrs. Everett Moulton, Mrs. A. A. Blair, Mrs. B. Wayne Freer, Mrs. W. R. Brooksher, Jr., Mrs. S. P. Stubbs, Mrs. B. B. Bruce, Alma, Mrs. Raymond Smith, Mrs. Arthur F. Hoge, Mrs. W. F. Rose and Mrs. C. S. Bungart.

MRS. W. F. ROSE,
Publicity Chairman for the Woman's Auxiliary of the Sebastian County Medical Society.

BOOK REVIEWS

Text Book of Pathology. By E. T. Bell, Professor of Pathology in the University of Minnesota, Minneapolis, Minnesota, and contributing chapters by Clawson, B. J., M. D., Downey, Hal, Ph. D., McCartney, J. S., M. D. Third revised edition, illustrated with 412 engravings and two colored plates. Price $9.50. Published by Lea and Febiger, Philadelphia, Pennsylvania, 1938.

This text book is written for the student of medicine and designed especially to be used by him during his clinical training and was arranged with the idea that it would more closely correlate his pathological studies with his teachings in clinical medicine.

With this idea in mind the author devotes the first seven chapters to the presentation and discussion of the fundamental principles comprising the mechanism of disease, including predisposition to disease, mechanical injuries, injuries due to chemical agents, circulatory disturbances, retrogressive tissue changes and inflammation.

The remaining twenty-two chapters are devoted to special disease and diseases of special organs, tracts and systems. Among which special mention may be made are the chapters dealing with The Mycosis as a separate subject written by McCartney, diseases of the urinary system in which Bell is outstanding as a teacher and instructor; also diseases of the ductless glands which approaches the subject making full use of the newer knowledge gained from recent researches in the study of the various harmones. There is also an excellent chapter on Diseases of the Blood by Hal Downey.

Professor Bell has written this text in a free and easy style, covering the subject in a way that only a teacher of ability can. This book can, therefore, be recommended not only for the purpose for which it was written but also to the Clinican who desires a text not too lengthy in its discussions but covering the subject well.

The Practice of Urology: By Leon Herman, B. S., M. D., Professor of Urology, University of Pennsylvania, Graduate School of Medicine; Urologist to The Pennsylvania Hospital and to the Bryn Mawr Hospital; Consulting Urologist to the Methodist Episcopal and Burlington County (New Jersey) Hospital. 923 pages with 504 illustrations. Philadelphia and London: W. B. Saunders Company, 1938. Cloth, $10.00 net.

This volume may be rightfully called "Today's Practice of Urology". Dr. Herman has written this book particularly for the use of the general practitioner and surgeon as a practical treatise on diseases of the urogenital system. He gives a clear, concise and specific presentation of urologic methods of diagnosis and treatment.

He has discussed the principles of urology sufficiently to make the book most valuable to students of the subject. He describes each method of examination, how to apply it, and what it means. Controversial problems are presented adequately when such discussion seems necessary to clarify the subjects from the practical standpoint. He describes methods of treatment that can be instituted into your own practice. Systemic and dietetic measures, with actual prescriptions and menus; diuretic treatment, use of antiseptics, solutions, drugs, etc., and indications for surgical interference are given in full detail.

The sections on gonoccal infections and their sequellae omit no detail of practical importance and assistance. Dr. Herman gives his own clinical experience in describing the use of sulfanilamide, diathermy, repressive treatment, hand injection, irrigation, vaccines, and intraprostatic injections.

Of special interest and importance are the chapters devoted to the prostate gland, and there is a detailed account of venereal ulcers, including the treatment of chancroids.

The illustrations are magnificent and the book is an excellent authority for sound, practical guidance in today's clinical methods of urologic diagnosis and treatment.

A Textbook of Ophthalmology: By Sanford R. Gifford, M. A., M. D., F. A. C. S., Professor of Ophthalmology, Northwestern University Medical School, Chicago; Attending Ophthalmologist, Passavant Memorial, Cook County, Wesley Memorial and Evanston Hospitals. 492 pages with 249 illustrations. Philadelphia and London: W. B. Saunders Company, 1938. Cloth, $4.00 net.

This textbook is intended for medical students and general practitioners. The ophthalmologist will find it a valuable addition to his library. The classical classification of eye diseases is followed and a clear, practical account of the essential knowledge of modern ophthalmology and its clinical application given. Unimportant and obsolete subjects are omitted or minimized and emphasis is placed on really important facts. There is an excellent and easily understandable chapter on appraisal of loss of visual efficiency. Very practical rules for prescribing glasses in refractive errors are given. The late developments in ophthalmology are considered and a critical analysis of their merits stated. One is impressed that the author has had a wide and varied experience and has definite and very rational ideas about the various phases of ophthalmology.

Hemorrhoids. By Marion C. Pruitt, M. D., L. R. C. P., S. (Ed.), F. A. C. A., Atlanta, Georgia. President, American Proctologic Society; Associate in Surgery, Emory University School of Medicine; Proctologist, Grady Hospital, Crawford W. Long Memorial Hospital, Georgia Baptist, and Atlanta Antituberculosis Association; Formerly Resident Surgeon, Westminster Hospital London, England; Lieutenant, Temporary and Honorary Commission, R. A. M. C., Major, U. S. M. C. Pp. 170. 73 illustrations. Price $4.00. Saint Louis. The C. V. Mosby Company, 1938.

This book should be well received by the doctor who is in general practice as well as the surgeon. Outstanding thrpughout the sixteen chapters is the concise and orderly manner or presentation. There are seventy-three illustrations, some in color, which adequately supplement the text. The anatomical description is complete and well-organized. The treatment of hemorrhoids by various methods and solutions is clearly described, as is the surgical treatment. The different types of anesthesia and the advantage of each is of especial interest. All pathological conditions are clearly defined. I personally think this book fulfills a definite vacancy on the shelf of the practitioner.

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CLINICAL SIGNIFICANCE OF THE SYSTOLIC MURMUR

CHARLES T. CHAMBERLAIN, M. D.
Fort Smith

For the past several generations of our professional forefathers, in fact from the time Laennec first made his brilliant contribution of auscultation to the science of physical diagnosis, the systolic murmur and its interpretation, more than any other important objective sign, has been subjected to merciless lashing by the swinging pendulum of clinical opinion.

During the first two decades of this century the teaching was that the detection of a systolic murmur meant heart disease unequivocally. Undoubtedly many perfectly normal patients were labeled as "heart cripples" and forced into a routine of severely restricted activity in constant fear of impending disaster. Applicants for life insurance were irrevocably condemned and denied the privileges of such contracts solely on the basis of this one physical sign which indicated, usually, organic mitral regurgitation and disease of the mitral valve.

During the World War, however, so many systolic murmurs were heard in otherwise perfectly healthy young men in the Army that thoughtful clinicians began to doubt seriously their organic basis. Slowly but surely the pendulum began to swing to the other extreme and there arose an authoritative school of thought who held that no systolic mumur had clinical significance. One group even went so far as to discourage the use of the stethoscope entirely in the diagnosis of heart disease, maintaining that only heart failure meant heart disease. The basis for such argument that organic mitral regurgitation did not exist and that the valve was either the site of a stenosis or normal, came from findings at the autopsy table—namely, either the mitral valve was routinely found to be stenosed or normal in those cases classified clinically as "organic mitral insufficiency."

Small wonder is it then that much confusion remains in the minds of many physicians, and there is today a tendency to regard with indifference any attempt to evaluate properly a systolic murmur. In order to clarify the situation somewhat let us first define carefully some terms, after reviewing briefly a part of cardiac physiology and physical diagnosis.

The heart is a force pump. Its function is to propel blood through a system of tubes or blood vessels. In order to accomplish this it creates increased pressure by contracting and encroaching upon its own blood filled cavities. No pump can work effectually without valves which by reason of their position and structure prevent the fluid medium, or blood, from flowing back in the direction from which it came. The venous blood returning from the periphery enters the heart through the superior and inferior vena cavae into the right atrium or auricle. After an appropriate interval of diastolic filling of the auricle during which time the tricuspid valve between the right auricle and right ventricle is open, the auricle contracts, and slightly less than one-fifth of a second later the right ventricle contracts. As soon as the intraventricular pressure reaches a point as great as, or a little greater than that in the auricle, the tricuspid valve closes and the pulmonary valve opens. The blood is then sent by way of the pulmonary artery to the lungs where the venous blood becomes arterial and returns through the pulmonary veins to the left auricle. The same movement of blood from the left auricle through the mitral valve to the left ventricle takes place simultaneously with that through the right heart as just described. When the ventricles contract the mitral valve closes and the aortic valve opens and the blood enters the systemic circulation through the aorta. These events produce two heart sounds—the first of which is essentially the result of the contraction of the ventricles and closure of the mitral and tricuspid valves, while the second sound is produced almost entirely by the closure of the aortic and pulmonary valves. The interval between the first and second sound is known as systole, and that between the second and first as diastole. Any murmur

occurring in systole is known as a systolic murmur, that in diastole, a diastolic murmur. Our interest is focused at this time on systolic murmurs. Those occurring in diastole must be reserved for discussion at some other time.

Cardiovascular murmurs in general and systolic murmurs in particular, like thrills, are produced by the vibration of the valves or the walls of the heart and great vessels resulting from the rush of blood from a passage of relatively narrow caliber to one of much greater caliber, or by the vibration of some tissue floating in the blood stream, one end of which tissue is fixed to the valve or to the heart wall. Speed or velocity of blood flow (not heart rate in this case) is the one important modifying factor. The more rapid the flow, the louder the murmur —or vice versa. External modifying factors, of course, are common, such as pulmonary emphysema, chest wall thickness secondary to obesity on the one hand, and thin chest walls on the other.

In evaluating a murmur we should at auscultation observe the following criteria in order of importance:

1. Location
2. Time of occurrence in the heart cycle
3. Duration
4. Intensity
5. Quality
6. Pitch
7. Transmission.

It should be noted that transmission is last on the list. Reference to this will be made later.

The physical phenomena operating to produce the characteristics of murmurs as outlined above are not clearly understood and are a bit more complicated than is generally assumed. A careless opinion based upon only superficial study may frequently lead to error. We have learned by experience, of course, that sounds originating at each of the several endocardial valves are best heard over certain topographical areas on the anterior chest wall. These so called clinical valve areas are by no means superimposed over their corresponding valve orifices, all of which can be easily covered by an overlying fifty cent piece. The pulmonary valve area is nearest the anterior chest wall. This fact together with the relatively low pressure under which blood courses through the chest wall accounts in part for the frequency of systolic murmurs audible over the clinical pulmonary valve area at the second left interspace just lateral to the sternum. Someone has very appropriately named this region—"The area of auscultatory romance."

The mitral valve, on the other hand, is farthest from the anterior chest wall thus making it impossible at times to elicit murmurs originating here unless the subject is lying in the left lateral position. These rather obvious details, especially those which have to do with the anatomical and clinical areas, are emphasized because therein lies the basis for what will be said about transmission of systolic murmurs and the proper significance of this characteristic.

The presence, or absence of transmission of a murmur, or its duration of transmission, contrary to general teaching, helps little if at all in determining whether the murmur is relative or functional, or organic. Transmission depends upon—1. Location

2. Intensity

Loud murmurs are generally transmitted; soft murmurs are not. For example, a loud systolic murmur originating in the mitral area is as a rule heard in the left axilla. An intense systolic murmur originating in the aortic area is usually heard also at the base of the neck on the right. The characteristic transmission, therefore, is very important in the determination of its location, or its valve origin, but much less helpful in a far more significant decision, that is, as to whether it is relative or organic.

All murmurs must have duration. Without that quality they are not murmurs. Heart sounds are distinguished from murmurs by this characteristic alone. A heart sound may be likened unto a pistol shot while a murmur, by the same token, may be compared with the surge of the sea waves against a reef. To use a typographical metaphor—a heart sound is a period, while a murmur is a comma, the two in conbination making a semicolon. This distinction can not be overstressed, for frequently an over-active or very loud first sound at the apex is mistakenly interpreted as being a systolic murmur, and the incorrect observation on the examiner's part may lead to a greater error in interpretation.

It will be recalled that velocity of blood flow is a most important modifying factor in the production of a systolic murmur. I mention this again while discussing the intensity or loudness of murmurs for the purpose of emphasis since it has become customary with some of us who examine for insurance companies or industrial concerns to put the applicant under examination through exercise tests and to draw certain conclusions from the appearance of a systolic mur-

mur or from increased intensity of a soft murmur when placed at rest. Although such tests are valuable at times in making audible otherwise obscure mitral diastolic murmurs that might have been overlooked, it is obvious from what has been said above that no significance whatever can be attached to the appearance of a systolic murmur or an increased intensity of one already present after effort, since this may be simply the physiological result of increased velocity of blood flow through the valve arifice.

As far as systolic murmurs are concerned, quality and pitch may be considered under the terms of roughness or harshness, or lack thereof. A loud, harsh systolic murmur at the apex which occupies all of systole, that is, one that has long duration and which persists with the patient in several positions, is very apt to be organic in type, and more specifically, secondary to deformed valve leaflets, rheumatic in origin or to congenital anomaly.

And finally, no auscultatory study of a systolic murmur should be considered complete until the examination has been done in all practicable positions. I say "practicable" because so far I have never had occasion to examine a heart with the patient standing on his head—not that I have not wanted to at times. The usual positions are, of course, supine, upright, and left lateral. The murmur of an early aortic stenosis is very frequently not audible to the best of ears when the patient is supine; the upright sitting position or standing with a slight lean forward will usually make that murmur easily heard.

The presence of accompanying thrills deserves passing comment. Again contrary to previous thought on the subject, it is now felt that this palpable counterpart of a systolic murmur adds nothing to its clinical significance in the sense that a thrill labels it as organic. A thrill is there because the murmur is loud and not necessarily because the valve ring or leaflets are anatomically diseased. Soft murmurs, regardless of their cause, are not accompanied by thrills. This is not to be interpreted as meaning that no organic murmurs have palpable counterparts—most of them actually do; not because they are organic but rather because they are intense or loud.

Let us consider briefly for the moment the more common systolic murmurs heard at the different clinical valve areas. The most common systolic murmur at the apex is due to regurgitation of blood through the mitral orifice from ventricle to auricle during systole. This regurgitation may be due to:

1. Some organic disease or deformity of the mitral valve, usually secondary to rheumatic involvement (this is the rarest of the causes).
2. To organic disease of the heart with dilatation of the valve ring but without deformity of the valve leaflets, as in hypertensive and ateriosclerotic heart disease.
3. To some disturbance remote from the heart and which operates to produce a temporary or permanent dilatation of the myocardium without any real organic heart muscle disease or mitral valve deformity as in severe anemia, hyperthyroidism, or acute toxemia.
4. Transmission of a systolic murmur from the base.
5. Respiratory factors such as the movement of air in and out of adjacent or overlying lung tissue caused by mechanical action of the heart beat itself. This so called "cardio-respiratory murmur" can usually be differentiated from the above by taking into consideration its variation during different phases of respiration.

Now concerning systolic murmurs heard at the aortic area, namely at the base of the heart to the right of the sternum. The four chief causes are:

1. Organic aortic stenosis, arteriosclerotic or rheumatic in origin.
2. Dilatation of the aorta without aneurysm as in luetic aortitis, chronic hypertension, or arteriosclerosis.
3. Aortic aneurysm.
4. Transmission from the pulmonic area or from the apex.

The commonest and least important of all systolic murmurs are those heard at the pulmonary valve area, namely, at the base to the left of the sternum. This murmur may be considered almost physiological unless it is found to be of considerable intensity in the upright position. Much less frequent but far more important as a cause of pulmonary systolic murmurs is pathological dilatation of the pulmonary artery produced by increased intrapulmonic pressure as in advanced mitral stenosis, pulmonary emphysema, and pulmonary endo-arteritis. The rarer cause of systolic pulmonary murmurs are congenital defects, such as pulmonary stenosis and patent ductus arteriosus. Transmission from the aortic area or from the apex may also account for mururs heard over the pulmonic area.

Even after a deliberate and thorough attempt to interpret the significance of a systolic murmur, eliminating those factors mentioned above, there is still left a considerable number difficult to explain. It is far from easy to convince oneself, and much more difficult to convince others, with such indefinite evidence that a heart showing hardly anything more than a systolic murmur is not normal. This applies particularly to those patients who while under observation for years never develop any further signs of heart disease. But, this unfortunately, does not occur in all cases. Take for example those cases with so called "benign systolic murmurs" who later develop a bout of typical rheumatic fever or subacute bacterial endocarditis indicating that the original murmur was due to a minor rheumatic valvulitis or some congenital defect. And in others the eventual appearance of the signs of mitral or aortic stenosis, points to the fact that the early murmur was due to mitral or aortic valve damage.

It must not be inferred, however, that all systolic murmurs should be regarded with grave concern. In fact it is important to recognize and remember that most systolic murmurs **do not** indicate the presence of any organic heart disease. Nevertheless, serious errors in diagnosis or prognosis have frequently been made largely on the basis of such murmurs.

But on the other hand it should be recognized that even slight systolic murmurs, except in the pulmonary valve area, cannot be considered normal. Therefore, they demand study as to their cause. Often they are found to be unimportant and functional in type, but more frequently than is generally realized, they represent evidence of the presence of some important or serious disease affecting the circulatory system even though there be no heart disease itself. These facts necessitate the application of study and common sense to the interpretation of murmurs and avoidance of the extreme views with over-emphasis and under-emphasis which have held sway during the swing of the pendulum in the past generation.

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THE MALE CLIMACTERIC*

FINIS W. EWING
Muskogee, Oklahoma

By the mere sound of the term one might regard the menopause as a purely masculine rest period, but the contrary conception is so deeply embedded in the consciousness of both sexes, even including some physicians, that to allude to it as having any connection, except an indirect one, with the male section of the body politic, strikes an almost sour note. Unfortunately this subject has been discussed largely from a radically wrong premise in a half-serious vein while it has been left to the charlatan and quack to enrich themselves and fill the minds of the public with incorrect and often vicious mis-information.

Of course, the "curse of Eve," as many women think of it, is so obvious a phenomenon of feminine nubility, recurring at every lunar cycle, from puberty to the climacteric, other than during pregnancy and the puerperium, that any disturbance at once excites attention. Even before such irregularities actually appear they are anticipated, with joy or apprehension, by a majority of women.

The climacteric is a strictly physiologic process. Occurring in the genus homo in general it results in a gradual ebbing of the functions of all of the endocrines, with the gonads playing the stellar role, so that like women, men just as surely pass through a "change of life," even though it comes at a somewhat later age and is not signalized by any such striking occurrence as the cessation of the catamenia. In fact, this lack of any glaring signboard along the masculine highway of life has caused most laymen, and too many physicians, to go astray in their consideration of this important matter.

If a man lives long enough it is certain that sooner or later he will become permanently impotent. Just as the development of his glands brought on his evolution into manhood and its concomitant sexual virility from his sexless boyhood, so will age bring about a deterioration and atrophy of the same glands with a resultant descent into sexless senility.

A moderate amount of careful observation and straight, unbiased thinking will enable any one to prove this to himself. What, aside from the gradual cessation of the actual monthly flow, are the symptoms of the menopause or

*Read before the Sebastian County Medical Society, Fort Smith, March 8, 1938.

climacteric or "change of life," in women? They are: a general sense of going down hill; and indescribable feeling of malaise and physical incapacity; embarrassing lapses of memory; sensory and psychic irritability and instability, sometimes amounting to a definite psychoneurosis or even a frank psychosis; circulatory disturbances—"hot flushes"—and finally, a more or less gradual and definite return to the neutral or sexless physical type which we see in children or castrates, with the frequent addition of the development of adiposity.

Any physician who will question, carefully and in detail, a score or more of his male patients between the ages of fifty and sixty-five years, who have no obvious disease condition, but upon whom it has begun to dawn that they are not open to sexual excitement as they once were, that their emissions are scantier or their orgasm not as violent as it once was, that they fatigue more quickly, that their business affairs do not click and that they are more irritable, will find that he can bring out exactly the same train of nonmenstrual symptoms that women complain of when "age is working on them," though generally in a relatively minor degree. In other words, these men are actually suffering the discomforts, distresses and disabilities of the climacteric, and nothing else! The age at which this phenomen takes place varies with the individual, but be it forty-five or ninety-five it is certain to come. This is undoubtedly a wise provision as it protects elderly men from taxing their waning strength.

Many medical men have, for a number of years, been relieving their women patients of most, if not all, of the disturbances of the climacteric, by giving them intelligently regulated treatment with the endocrines, from the onset of the first symptoms of the "change," or even before that, until the system has successfully completed the momentous shift from high gear into low. They give them, not as medicine, but as a rational and highly specialized part of their diet. And this treatment has not merely relieved the physiologic symptoms of an unescapable biologic phenomenon, but has also, in many cases, retarded the progress of the anatomic changes of senility to such an extent that almost every physician who has been studying and practicing endocrinology, as all should do, can point to numerous women of sixty years, or older, whose figures might well be envied by most women of half their age, and who partly on that account, have retained their psychic poise and vivacity to an astonishing degree.

There is no reason why men should not be given the same sort of relief and reinforcement which their wives and sisters and perhaps their mothers, have been enjoying for some time.

When the man of fifty appears with symptoms of threatened impotence, mildly hypertrophied prostrate, a diminution of the snap that has made him a success in his business and the feeling that he is slipping, proper advice and careful treatment will insure a gradual "let down." If this is done, the chances are that he will be free of the distresses and dangers of prostratism, so common among older men.

One fact should, however, be clearly and constantly remembered by both physician and patient. The fountain of youth has not yet been discovered in spite of the lurid claims of some over-enthusiasts. There is no preparation extant which will transform a jaded Lothario or an elderly celibate into a youthful bridegroom. "Rejuvenation" is still in the lap of the gods, but it is possible for the wise and sympathetic clinician to conduct the middle-aged man down the farther slope with no terrors and fewer discomforts than fall to the lot of those who are less intelligently advised.

As for sexual power and capacity, that is, in most cases less a matter of hormones than past habits, behavior and knowledge, though in those relatively rare cases where there has been a definite gonadal deficiency before the climacteric, proper treatment may be a real help.

The man who has sincerely studied and patiently developed a civilized technic, with the cooperation of an intelligent and uninhibited partner, and has practiced it regularly, but not too excessively, during his earlier years, will find, as time goes on, that, while the fires of passion do not burn so brightly as they did during his third and fourth decades, they will furnish satisfying light and warmth for his declining years, if his conjugal relations have been consummated and maintained with love, intelligence and skill.

It is still an open question whether any hormone preparation, or any combination of them will add years to a man's life; but there is no doubt that when used with skill and forethought, they can add life to a man's years, so that a long period of useless senility may be replaced by reasonably active and frequently highly fruitful and thoroughly enjoyable years. Thus the man is to "live all his life."

EPIDEMIC CEREBROSPINAL MENINGITIS*

R. M. JERNIGAN, M. D.
Jonesboro

The broad term "meningitis" indicates an inflammation of the meninges, the causes of which are many. The causes may be divided into the bacterial and non-bacterial. The bacterial infective group produces a suppurative inflammation and can be produced by any of the known pathogenic bacteria. The non-bacterial group is an inflammation of the meninges, toxic in origin, an irritation which occurs during the course of a general bacterial infection, or complicating severe toxemia from any other cause. This type of meningitis is quite often found in the bronchopneumonia of young children, particularly in that type of pneumonia where a marked apical consolidation is found, and quite often in typhoid fever during the second and third weeks, also from the toxemia following influenza. This condition is essentially a toxic irritiation of the meninges and is often termed "meningismus." Under this non-bacterial group we also have that type of meningitis often referred to as "aseptic meningitis," which is a suppurative inflammation of the meninges not directly incited by any bacteria, but rather produced by a suppurative inflammation of the tissues continguous to the meninges.

Meningococcic, or as it is generally styled, epidemic meningitis, is the most important form of primary meningitis. It is the form which causes large and repeated epidemics, and is most important from a therapeutic standpoint because of it's frequency and the high mortality when not treated by specific measures. In encountering a case with symptoms of meningitis, the first and most important consideration is to determine which form of meningitis one is dealing with, and if bacterial, whether it is due to the meningoccocus or other bacteria, or whether toxic in origin. The general clinical symptoms of all forms of meningitis are similar. A careful study of the history and the onset of the disease, the grouping of symptoms, the diagnosis of some other primary infection, or some other local infection, are undoubtedly of considerable importance in determining the type of meningitis from which the patient is suffering.

SYMPTOMS

The more usual and predominant clinical symptoms of epidemic meningitis are manifestly these: A chill followed by high temperature with explosive projectile vomiting. There may or may not be symptoms of a nasal and pharygeal irritation, quite often symptoms very similar to that found in the onset of influenza. At varying intervals after onset, there develops a very excruciating headache. As a rule, very soon after this symptom develops, you will find rigidity of the neck and the development of Kernig's sign, and as inflammation progresses and hydrocephalus develops, Macewen's sign is in evidence. There is usually an ash grey pallor, pupils are dilated and respond very sluggishly to light, the lids are usually retracted, and an open stare will be manifested as the coma increases. The amount of coma will depend upon the severity of the infection, the amount of hydrocephalus and cranial pressure. There is a typical skin lesion, petechia, which, when present, is decidedly pathognomonic. It resembles a "fleabite," and appears, in our experience, in about 50% of all cases.

The ever present restlessness of these patients, a condition that is not relieved with the ordinary sedatives, is very characteristic and will be one of your first indications for remedial measures.

When the above symptoms are present, and you can find no other pathology to which you can ascribe as the causative factor, it will be well to give the patient the benefit of the doubt and make a tentative diagnosis of meningitis of the meningoccocus type.

TREATMENT

A spinal puncture is made, and here we will emphasize the importance of closely observing the amount of spinal pressure which is evidenced by the flow of the spinal fluid from the needle. A normal fluid will usually flow from the ordinary spinal needle at the rate of one drop every three to five seconds. If this fluid drops rapidly and often almost runs from the needle, you will be assured you have a marked degree of hydrocephalus. Also you will carefully note the character of the fluid. A normal spinal fluid is perfectly clear. If this fluid is flocculent and especially if it has a tinge of color, you can be assured you have a suppurative condition of the meninges, and that you are dealing with a meningitis, whether it be from the meningococcus, or from some other focus of infection.

The amount of fluid withdrawn should be governed:

First: By the rapidity or force that it drops from the needle. When it has ceased to drop

*Read before the Craighead-Poinsett County Medical Society, Jonesboro, May 6, 1937.

to a rate of one drop to every three to five seconds, regardless of the amount withdrawn, we stop the flow. Of course the amount will largely determine the hydrocephalus that you have to deal with. In some cases you will withdraw as much as 50 to 80 cc. of fluid. The other factor is the blood pressure. Ordinarily the blood pressure will fall from three to ten mm. mercury upon the withdrawal of spinal fluid. Of course the general condition of the patient will be constantly observed. But ordinarily so long as the fluid continues to rapidly drop from the needle, and you do not have more than a 10 mm. fall in blood pressure, you are perfectly safe in continuing the withdrawal. When we have withdrawn sufficient amount of fluid we stop the flow and immediately inject into the spinal canal, the initial dose of either anti-meningococcus serum or Parke-Davis antitoxin.

There is at this time some controversy, even among the better men, as to the merits of efficiency of antiserum as against that of the antitoxin. Dr. Archibald L. Hoyne, who has charge of the contagious ward of the Cook County Hospital, Chicago, who has possibly treated more cases of meningitis during the last two years than any man in this country has recently made a very careful check to determine the merits of efficiency of both antitoxin and antiserum. He has been fortunate in having as a close co-worker, N. S. Ferry, who is connected with the research laboratory of Parke-Davis & Co.

In a series of 297 cases during the years of 1935 and 1936, it was his conclusion that the antitoxin has more efficiency than does the antiserum. We will discuss some of his contentions later in this paper. From the experience we have had, it is our thought that it is better to use the anti-meningococcus serum in the spine and administer the antitoxin intravenously, which we will discuss later.

The serum has been warmed to body temperature and with a syringe sufficiently large, the initial dose is injected very slowly through the spinal needle. It will be observed that you will govern very largely the amount of shock that you will have by the manner in which you administer this injection. When administered very slowly, baring any anaphylaxis, you will experience very little trouble in administering a reasonable amount of serum into the spine. Some very good men advocate determining the amount of serum to be administered by the amount of fluid withdrawn. This is not at all a safe barometer or a rational procedure. Quite often you will have withdrawn a large amount of spinal fluid in a patient in which you will not be at all safe in administering that amount of anti-meningococcus serum. Here again the blood pressure will aid you very materially in determining the amount of dosage. Often it is safe to continue the serum until the blood pressure has dropped as much as 20 mm. and be perfectly safe, but even in some cases when the patient seems perfectly safe up to this point, the pressure will rapidly drop and the patient go into a profound shock. So it is well to be carefully guarded by both the condition of the patient generally, and the fall in blood pressure, as well as to the amount of fluid withdrawn

With the spinal fluid removed the initial dose of anti-meingococcus serum administered, and our patient quieted by sedative, which we find is more preferably done with morphine and hyosine, we are free to make a positive diagnosis which of course can only be done with the aid of our laboratory. Any one, of course, familiar with the ordinary staining material and who has access to a microscope can determine the presence or absence of the meningococcus. We shall not take time to detail this procedure.

A very simple chemical analysis, however, which we will call to your attention, will often materially and quickly aid you in further confirming your diagnosis. By layering a small quantity of this spinal fluid with nitric acid a white ring will be produced in the event protein is present in the fluid, a positive indication that a suppurative condition exists, whether it be that of meningococcus meningitis or some other pyogenic organism. Dr. Hoyne of the Cook County Hospital, to whom we have previously referred, makes it a routine procedure to make a blood culture in all his patients even before making spinal punctures. Of course an advantage of repeated spinal punctures is that you may more accurately determine the progress you are making by ascertaining the degree of pressure and the character of the fluid, both from a macroscopical as well as microscopical standpoint.

We are of the opinion that because of the inconvenience to the patient, the ever constant possibility of the injury to the spinal column and it's contents, that, if we can successfully combat the condition without repeated punctures, we are certainly not justified in doing a puncture except as it becomes necessary.

After we have confirmed our diagnosis by our laboratory findings, it is then our province

to determine when and how much serum or anti-toxin to administer. To be sure, the condition of the patient, the degree of the infection the amount of toxicity, will certainly determine our procedure. It has been our custom if we have given the initial dose of antiserum in the morning and to give a dose of anti-toxin intravenously in the evening. The amount of the dose will be determined by the condition of the patient.

We have same conception as to the size of dose of antitoxin in meningitis as we have in the treatment of diphtheria. We certainly would not give 5 or 10 thousand units of diphtheritic antitoxin to a patient, even in the initial dose when experience has taught us that 20 to 30 or even to 50 thousand units should be given to an infection of any consequence. We feel the same thing holds good in the handling of epidemic meningitis. It has been our procedure to administer 30 thousand units of antitoxin in the evening following the spinal dose of serum. Then on the following morning, if the symptoms justify another puncture, we again administer from 15 to 30 cc of antimeningococcus serum following our withdrawal of spinal fluid. We are then governed by the severity of the infection as to the time and amount of second dose of antitoxin. In most instances we administer another dose of antitoxin the following evening. In the administration of the antitoxin, it is important that you dilute your antitoxin with glucose or with normal or physiological salt solution. It is our custom to place a dose of antitoxin in 500 cc. of a 5% glucose solution. The time elapsed in the administration of this amount of fluid very materially precludes any probability of shock. You are all familiar with the marked benefit derived by the administration of large amounts of glucose in any infection or trauma of the cranial cavity.

It has been our custom to give an adequate dose of the antimeningococcus serum into the spine at each spinal puncture. We think this method has the advantage of bathing the membranes and immediately generates a phagocytosis which enables the system to build up a resistance against the toxins which we are forced to believe is the predominant factor in all cases of meningitis.

Dr. Hoyne, of Chicago, to whom we have previously referred, is strongly of the opinion that epidemic meningitis is primarily a blood stream infection, and because of this reasoning he advocates the administration of the antitoxin intravenously rather than the spinal injection of the serum. In fact, he goes so far as to advocate that the administration of the antitoxin intravenously has an advantage over the administration of the antitoxin in the spine.

I agree with this reasoning so far as the antitoxin is concerned. That is why I strongly advocate the administration of the antiserum into the spine rather than the antitoxin. If we are positive, and that is never very easy to determine, that there is free communication between the subcranial space and the ventricles, then it is our thought that the serum administered into the spine or ventricles is superior to any other theory, but on the other hand, if we have a preponderance of toxicity, it is entirely possible that the intravenous administration of the antitoxin is the method of choice. Regardless of what method of administration or the kind of serum or antitoxin used, the most important factor is the early diagnosis. We strongly contend that if a diagnosis can be made early and an adequate amount of serum or antitoxin is given, there is no reason why the death rate from this disease cannot be very materially reduced. If you will just bear in mind that this condition must be fought just as vigorously and persistently with antiserum as that of a virulent case of diphtheria, then we will find that we will lose a very few of our meningitis cases.

We have been fortunate in that we have not had a death in our private practice during the last two years. The statistics as kept by the Board of Health of Chicago for a period of 19 years up to and including 1934, showed an average of 50%. Some years it was a high as 90%. In the last two years Dr. Hoyne has been able to reduce the death rate to 15.9% in the contagious department of the Cook County Hospital.

SUMMARY

1. Use every means possible to make your diagnosis early. Upon this will largely determine your prognosis.

2. Give the patient the benefit of any doubt, and when in doubt, make a spinal puncture, a procedure that when done carefully, will in no way harm your patient. Have your serum ready and if fluid pressure is in evidence, and especially if it is flocculent and tinged with blood, inject immediately, through your puncture needle, at least fifteen to thirty cc. antimeningococcus serum.

3. Repeat your spinal punctures only as conditions warrant, and at each puncture administer antiserum into the spine.

4. Bear in mind constantly that, in all probability, you are dealing with a blood stream infection in every case of epidemic meningitis, and that the intravenous administration of an adequate amount of antitoxin is the treatment of choice, as evidenced by the experiences of all our better men, and confirmed by all our research laboratories.

5. The administration of your antitoxin as well as your serum, when given intravenously, when diluted with a 5% glucose has the two-fold advantage of precluding the possibility of shock as well as supplying the glucose and fluids which are both predominantly lacking.

6. Keep the patient at rest, which may be accomplished by the use of the barbiturates. It is our experience that often it is necessary to resort to morphine combined with scopolamine, both being peculiarly indicated in this infection.

7. The general care of the patient is of no little consequence. In the onset we find the secretions generally very much retarded, and find almost a complete suppression of urine, or a retention requiring catherization.

7. Sustain the patient by all means possible. Give adequate amounts of nourishment as can be taken. Meet complications just as you would in any ordinary condition.

THE FRANKLIN COUNTY CORRESPONDENT

June 16, 1938.

Dear Sir:

The regular meeting of the Franklin County Medical Society was held in the court house at Ozark, June 14th, with a full attendance and many visitors, including Earle Hunt and J. S. Kolb, Clarksville; E. W. Pilstrom, Coal Hill; J. R. Crigler, Alma; S. D. Kirkland, Van Buren; Ralph Crigler, Fort Smith, and our home team, Post, Porter. Gibbons, Bollinger, Hansberry and Douglass.

The occasion was notable because of a program given by Dr. Wade Sisler of Tulsa, Okla. His subject was "Fifteen Years of Blood Clot Treatment of Chronic Osteomyelitis." His discussion of the subject was very thorough, complete and interesting, and illustrated by a number of reels of moving pictures. All present were deeply interested and we appreciated very highly Dr. Sisler's presentation of a new and unique method of treating an important and troublesome disease.

Through kindness of Dr. Porter we had some excellent punch from Burn's Drug Store.

Some of our members said: "Wish we could have as good a meeting as that every month." Which shows we're aiming high.

Yours very truly,
THOS. DOUGLASS, Secretary,
Franklin County Medical Society.

FACTS CONCERNING THE DISTRIBUTION OF HOSPITALS IN THE UNITED STATES

In the United States there are only five counties with a population density of five per square mile within thirty miles of which there is no registered general hospital. As vast programs of hospital construction are being advocated,[1] certain facts regarding the present distribution of hospital facilities should be kept in mind. In 1937 there were 6,128 hospitals registered by the American Medical Association with a capacity of more than a million beds and fifty-five thousand bassinets, to which well over nine million patients were admitted during the year.[2] True, there are 941 counties without a registered hospital, but of these, 560, or 60 per cent, lie wholly within a thirty mile radius of hospitals in adjoining territory. There remain 368 counties parts of which are within thirty miles of existing hospital facilities and, in the whole country, but thirteen counties no part of which is within thirty miles of a registered general hospital. The population of these counties is 67,800. Eight of them support less than five persons per square mile. There may be some localities in which hospital facilities are needed. However, the Commonwealth Fund, which for the past ten years has been awarding hospitals to communities which seemed to be able to maintain such institutions with proper standards, has thus far made eleven awards.—Journal of the American Medical Association, June 11, 1938.

[1] The Need for a National Health Program, Report of the Technical Committee on Medical Care, Interdepartmental Committee to Coordinate Health and Welfare Activities, Washington, D. C., 1938

[2] Hospital Service in the United States, J. A. M. A. 110: 955 (March 26) 1938.

TUBERCULOSIS ABSTRACTS

A Review for Physicians

ISSUED MONTHLY BY THE NATIONAL TUBERCULOSIS ASSOCIATION

Vol. XI May, 1938 No. 5

One measure of the efficiency of the tuberculosis campaign is the percentage of tuberculosis patients who reach the sanatorium in the minimal stage. The most extensive study yet made indicates that only 16 per cent of sanatorium admissions are classified as minimal cases. There are several reasons why this number is so small. Two of them, namely delay in seeking advice and delay in making the diagnosis after making the diagnosis after the patient has visited the doctor, have been analyzed by Monte and Blitz who reviewed the experiences of 300 patients under treatment in the Dibert Memorial of Charity Hospital in Louisiana. Abstracts of their article follow:

FACTORS OF DELAY IN DIAGNOSIS

Of the 300 white adult patients, studied, less than 2 per cent were classified as in the minimal stage, 45 per cent in the moderately advanced and 53.3 per cent in the far advanced stage. Ages ranged from 16 to 78 years. Seventy-six per cent of the females and 51 per cent of the males were under 35 years of age.

A histotry of tuberculosis in the immediate family was found in 28 per cent of the series. A striking feature was that almost twice as many females as males admitted a history of tuberculosis in the family. Evidently contact with the tuberculous patient in the home is more frequent among female members of the household for they usually have the responsibility of caring for and nursing the sick.

Prior to their admission to the hospital, the diagnosis was established in 61.6 per cent of the cases, was suspected in 19.6 per cent and was not made in 18.6 per cent. The high incidence of "suspected" cases accounted for by the limited facilities of the average practitioner in Louisiana and the authors believe that if the Roentgen ray and laboratory aids were more widely used, diagnosis would be established in a greater percentage of cases.

The responsibility for delay in diagnosis when symptoms are present must be shared alike by the patient and the attending physician. Symptoms of a mild nature often seem negligible in the patient's estimation and thus he postpones medical consultation until more severe symptoms appear. In 2 of the 300 patients, the duration of symptoms before visiting the doctor averaged 2 months, and 2 more months elapsed before the diagnosis was established. At the other end of the scale are 90 patients who delayed almost 10 months before consulting the doctor and then suffered a further delay of about 12 months before the diagnosis was established.

Cough and expectoration were the most prominent initial symptoms and these also most frequently caused the patient to seek medical attention. In over 50 per cent of the cases, this symptom complex, although being the incentive for the visit, had been present for many months and undoubtedly was associated with constitutional symptoms of some degree. Yet these patients insisted that the accompanying symptoms were of little consequence and were not serious enough to interfere with their daily routine. True, pathology may be present in the lung parenchyma without any obvious symptoms as revealed in five cases reported wherein symptoms of subjective importance were absent, while roentgenologic study revealed active pulmonary tuberculosis. Four of these cases were minimal, the fifth being moderately advanced. This does not necessarily imply that the number and duration of symptoms can be strictly correlated with the stage of the disease, for some of the patients volunteered the information that hemoptysis or pleurisy had been the initial symptom, and immediate skiagrams revealed either moderately or far advanced pulmonary tuberculosis.

Of all the symptoms listed, there is little variation between the intial and presenting symptoms, with the execption of hemoptysis. As an initial symptom it was present in 9.6 per cent of the cases, whereas 22.7 per cent sought medical aid because of blood spitting. This difference in percentage indicated that although these pa-

tients had had previous symptoms a pulmonary hemorrhage was regarded with enough fear to prompt them to visit a physician.

Fever and night sweats, a combination of symptoms which in most textbooks is given a ranking position in the diagnosis of tuberculosis, were found with comparative infrequency in this series. As initial symptoms they were present in only 3.6 per cent, and as presenting symptoms, in 5 per cent of the cases.

The authors offer the following explanation for the failure in diagnosis on the basis of presenting symptoms:

Cough and Expectoration: The diagnosis was not suspected in 38.3 per cent of this group. This was probably due to the tendency on the part of physicians to diagnose prolonged or recurrent coughs as chronic bronchitis or chronic sinusitis.

Loss of Weight and Fatigability: Tuberculosis was not suspected in 50 per cent of these cases. Such diagnoses as nervousness, nervous breakdown, overwork, overindulgence in alcoholics and tobacco, dissipation, and chronic debilitating diseases were offered by the attending physician.

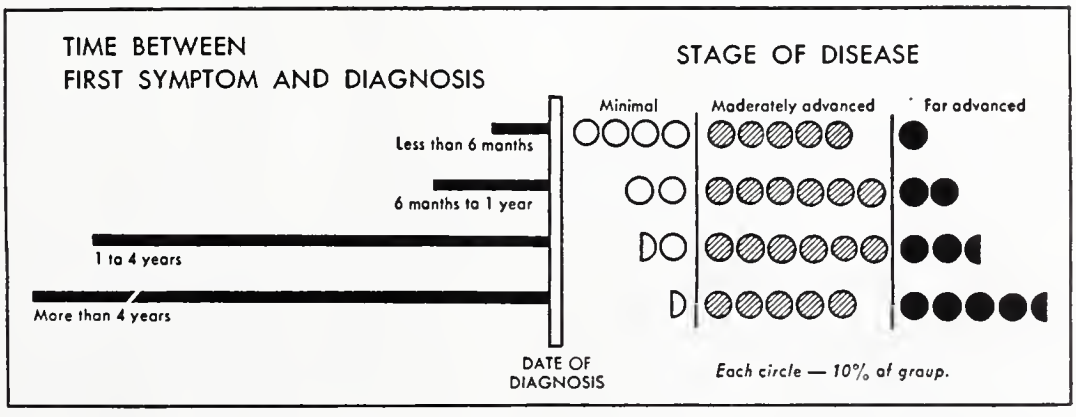
Hemoptysis: "Blood spitting," which has been known throughout the centuries as one of the pathognomonic symptoms of phthisis, was a frequent source of error in diagnosis. Although the percentage of failure (22.1) was less than that in other groups of symptoms, it is still too high. The absence of positive physical findings on examination of the chest probably accounts for such diagnoses as ruptured blood vessel, irritation of throat, and bleeding from nasopharynx.

Pleurisy: When a patient is seen only once, it is difficult to make a diagnosis unless a suspicion of tuberculosis is ever present in the physician's mind and the patient is urged to return for further observation after the acute attack subsides. Idiopathic pleuritis, though it may be accepted by the majority of physicians, should never be used as such until a sufficient interval has elapsed and the lung has remained clinically and radiologically negative. Failure to recognize this has resulted in 40.9 per cent mistaken diagnoses.

Fever and Night Sweats: Climatic and endemic conditions undoubtedly are the source of confusion as regards this symptom complex. With the high incidence of malarial infection in Louisiana, it is little wonder that a number of patients were treated previously with quinine, plasmochin or atabrine. This group leads all others in percentage of error, 73.3 per cent being neither diagnosed nor suspected.

Grippal: The diagnosis was missed in 40 per cent of the group presenting symptoms ordinarily attributed to an acute respiratory infection with or without physical signs of pneumonitis. The constant occurrence of "flu" epidemics and the failure to realize that bed rest over a short period may render a tuberculous patient asymptomatic are the natural sources of error. As in any of the aforementioned symptom complexes, suspicion of tuberculosis is of prime importance.

Factors Delaying the Diagnosis of Pulmonary Tuberculosis, Louis A. Monte, M. D., and Oscar Blitz, M. D., New Orleans Medical and Surgical Journal, Vol. 90, No. 8, February, 1938.



Based on a study of the experience of 361 patients with tuberculosis made by Ruth A. Sedar. Social Research Series No. 5, National Tuberculosis Association.

THE JOURNAL
OF THE
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EDITORIAL

THE SURVEY OF MEDICAL CARE: YOUR OPPORTUNITY

During July there will be mailed to the physicians of Arkansas initial questionnairres in the Arkansas Medical Society survey of medical care for all the people, a procedure designed to determine the prevailing medical and preventative medical needs in each county of the state. Following this fact-finding phase of the study factual data is to be examined in order that the organized medical profession of Arkansas may adopt such tactics as will supply the needs of those areas where medical and preventative services are insufficient or unavailable.

Obviously, this survey can be of value only if it has the hearty and prompt cooperation of all physicians and medical agencies in the state. While promptness is desirable, this must not be attained at a sacrifice of accuracy and completeness. Unquestionably, some localities are deficient in the availability of medical care; there are others where medical care is being met satisfactorily. It is just as important that such a report be made as it is to note deficiencies. The proper solution of the problem of medical care for all the people in Arkansas is a problem of magnitude; the first essential step is the accumulation of data as the questionnairres are designed to reveal. Your help will be of utmost value in the compilation of the facts.

DIRECTORIES AGAIN

The Journal has made every possible effort to acquaint the physicians of Arkansas with the fact that money spent for listing in directories commercially sponsored is productive of poor returns on the investment. The Arkansas Medical Society and the Judicial Council of the American Medical Association have held such practices as unethical. This drive has dampened the ardor of directory salesmen in some degree, but now the variations and newer applications of the old scheme are beginning to appear. The latest is a so-called social directory, sold, we are informed, at $2.50 or $3.00. The southern section contains the names of physicians from Alabama, Arkansas, Louisiana and other states. Six physicians from Arkansas managed to secure listing in this valuable reference work. We hope those who did not climb this ladder of social distinction will not feel irked about the whole thing!

EDITORIAL COMMENT

COUNTY MEDICAL SOCIETY PUBLICITY

Unquestionably there is greater interest in health matters by the general public than ever before. The response to the press releases of the Committee on Public Relations has been most gratifying. Editors tell us that this is a popular feature with their subscribers. The "Health Talks" are reaching larger groups of readers from week to week. Such communities in the state which do not have these talks published in their local papers are entitled to this authentic information. There exists a definite responsibility upon the part of local physicians and county medical societies to urge such publication. It seems, too, that county medical societies might take a more cordial attitude toward the newspaper publisher seeking news items in his territory. The report of the county medical society meeting, the papers read, news of unusual cases, a discussion of the general health of the community, are items of general reader interest and desired by both publisher and layman. There can be no ethical reason for failing to furnish this news provided it is properly edited by a committee from the local society. The formation of public relations

committees in each county medical society has been advocated on numerous occasions; their value has been thoroughly proven. A president of the state society literally "stumped" the state on this issue. Too few county medical societies are aware of the worth of proper, ethical publicity. It is hoped that before the fall months more societies will actively engage in this endeavor.

OBITUARY

MATT S. DIBRELL, aged 71 years, died at his home in Van Buren June 1st after a prolonged illness which became critical about two weeks prior to death. A graduate of the University of Arkansas School of Medicine in 1889, he had practiced in Van Buren continuously since graduation. Born December 6, 1866 in Little Rock, he was of a distinguished medical family, he and his father, the late James A. Dibrell having practiced in Van Buren continuously for the past hundred years. Several of his brothers were physicians and practiced in the state, but none survive. Dr. Dibrell was active in the civic and religious life of his city, a charter member and past president of the Van Buren Rotary Club, a member of the various Masonic bodies and senior warden of the Trinity Episcopal church. He had been surgeon for the Missouri Pacific and Frisco railroads for nearly forty years. An active member of the Crawford County Medical Society, several times its president, he was an enthusiastic member of organized medicine throughout his lifetime. Surviving relatives are his wife, a daughter and two sons.

JAMES R. AUTREY, aged 79, died at his home in Columbus June 17th. A graduate of the Louisville Medical College in 1889, he had practiced medicine at Columbus for over fifty years although he had not been actively engaged in recent years. He had been a member of the Masonic lodge for over fifty years and was senior deacon in the First Baptist church. He had been an honorary member of the Hempstead County Medical Society and of the Arkansas Medical Society for several years. Surviving relatives are a sister, a son and four daughters.

PROCEEDINGS OF SOCIETIES

The Pulaski County Medical Society met June 6th for the following program: "Nicotinic Acid in Pellagra," J. N. Compton; "Surgical Topics," E. C. Gay, and "Pathological Topics," M. J. Kilbury.

E. H. White, Secretary.

The Ouachita County Medical Society met in regular monthly session June 2nd at the Camden Hospital. After a delightful banquet served by the nurses of the hospital the following program was rendered: "Diabetic Coma," Dr. S. C. Fulmer; "Functions of the County Health Unit," Dr. W. B. Grayson; "Report of Some Surgical Cases," Dr. Randolph Smith, all speakers of Little Rock.

R. B. Robins, Secretary.

The sixth annual entertainment honoring the graduating class of the University of Arkansas School of Medicine was held by the Garland County Medical Society at Hot Springs National Park May 31st. The students were taken on a tour of the bathhouses, the government clinics and were then guests at a dinner.

The Lawrence County Medical Society met May 10th at Mammoth Spring as the guests of H. B. Hull. Speakers were: Ralph M. Sloan, Jonesboro, "The Examination and Diagnosis of Pelvic Cases"; W. W. Hatcher, Imboden, "Pernicious Anemia," and T. C. Guthrie, Smithville, who reported on the 63rd annual session of the Arkansas Medical Society.

The Benton County Medical Society met in dinner session at Bentonville June 9th for a scientific program by Drs. Sisler and Shepard of Tulsa, Oklahoma.

Geo. M. Love, Secretary.

The Pope-Yell County Medical Society met in regular session in the dining room of St. Mary's Hospital May 12th, with the following doctors present: Drs. A. B. Tate, Sr., R. L. Smith, L. M. Smith, A. B. Tate, Jr., A. W. Rye, J. M. Stanford, C. R. Teeter, Robert Hood, E. J. Haster, L. Gardner, G. R. Siegel, Frailey and J. H. Moore. After a chicken dinner the following program was presented: J. H. Moore, Delaware, discussed Diphtheria, and C. R. Teeter, Pottsville, discussed Sulfanilamide.

The Ninth Councilor District Medical Society met June 7th at Hotel Seville in Harrison. The following program was presented: S. W. Chambers, Harrison, "The Activities of the Full-Time

County Health Officer and His Relations With the Family Physician;" D. W. Goldstein, Fort Smith, "The Control of Syphilis" (lantern slides); R. E. Fowler, Harrison, "Pre-Operative Treatment of Prostatic Obstruction," and H. V. Kirby, Harrison, "Tularemia." The following officers were elected: W. T. Moore, Everton, President; H. V. Kirby, Harrison, 1st Vice President; O. B. McCoy, Harrison, 2nd Vice President; J. G. Gladden, Harrison, Secretary-Treasurer.

The Johnson County Medical Society met in regular monthly session May 26th in the offices of Doctors Kolb and Kolb with Dr. Geo. L. Hardgrave presiding. The society moved to endorse the Army Medical Library and instructed the secretary to wire our representatives in Washington to that effect. Dr. Earle Hunt made a case report concerning an unusual pyretic condition in a patient following the removal of a kidney stone. Dr. S. C. Pierce also reported favorably on the internal use of potassium sulphate in the treatment of several cases of lumbago. The program consisted of the papers presented at the state meeting by Doctors Hunt and Siegel, the subject of the papers being "The Female Castrate." The program for next meeting will be in charge of Dr. J. S. Kolb and Dr. S. C. Pierce and they will use as their subject "Bowel Troubles in Infants and Children."

G. Reginald Siegel, M. D., Secretary.

The Lonoke County Medical Society met in dinner session at the Benton unit of the State Hospital recently as guests of A. C. Watson. The following program presented: "Treatment of Dementia Praecox With Metrazol," Elizabeth Fletcher, and "The Insulin Treatment of Dementia Praecox," R. H. Foster. The visitors were conducted on an inspection trip over the institution.

The Fifth Councilor District Medical Society met at Magnolia June 14th for the following program: "Conservative Treatment of the Ruptured Appendix," Geo. H. Robinson, Shreveport; "Allergy Generally Practiced," Ralph Bowen, Oklahoma City, and "Diseases of the Testicles," H. King Wade, Hot Springs National Park.

The Tri-County Clinical Society met at Prescott May 26th for the following program: "Earache," R. R. Kirkpatrick, Texarkana; "Some Lesions of the Cervix and Uterus," M. J. Kilbury, Little Rock, and "The Climacteric," Joe Sanderlin, Little Rock.

James W. Branch, Sec.

PERSONALS AND NEWS ITEMS

John E. Parsons, Jr., has become associated with S. P. Bond in practice at Little Rock.

Dr. and Mrs. R. J. Calcote, Dr. and Mrs. S. C. Fulmer and Dr. and Mrs. Paul Mahoney, Little Rock, spent a June vacation at Corpus Christi.

MARRIED—At Warren, June 12th, M. B. Crow and Miss Virginia Ederington.

Dr. and Mrs. L. H. McDaniel, Tyronza, spent a June vacation in South Carolina.

D. A. Rhinehart, Little Rock, addressed the Badgett School Public Forum May 11th on "Socialized Medicine."

J. E. Stevenson, Fort Smith, participated in the Kentucky trap shoot at Hazard during May.

Loyce Hathcock has been elected second vice-president of the Fayetteville Lions Club.

R. H. Evans has moved from McCrory to Chatfield.

Max McAlister addressed a child welfare meeting at Bentonville May 30th.

L. H. McDaniel, Tyronza, delivered the commencement address to the Turrell High School.

The senior class of the University of Arkansas was entertained by the medical staff of the State Hospital at Benton, May 27th.

Dr. and Mrs. R. E. Rowland and Dr. and Mrs. J. C. Davis, State Hospital, motored to New Orleans and southern points during May.

Jim McKenzie, Hope, has recovered from an appendectomy.

B. A. Rhinehart, Little Rock, addressed the annual banquet at St. Vincent's Alumnae May 26th on "Personality.'

J. Harry Hayes, Little Rock, attended the medical directors' meeting of the American Life Convention at Asheville, North Carolina, in June.

M. C. Hawkins, Jr., and J. T. Matthews addressed a safety meeting of the Missouri and Arkansas Railroad at Heber Springs recently.

R. M. Sloan, Jonesboro, has been elected president of the Arkansas State Board of Nursing Examiners.

W. Decker Smith recently addressed the Texarkana Camera Club and exhibited specimens of photography which he has produced.

The following addressed the ceremonies of installation of Beta Theta Chapter of Phi Beta Pi fraternity at the University of Arkansas School of Medicine May 7th: A. C. Shipp, Frank Vinsonhaler and W. C. Langston.

J. M. Walls has opened his new hospital at Blytheville.

B. A. Bennett, Little Rock, attended the Kiwanis International convention at San Francisco in June.

F. G. Engler, Mountainburg, visited in Kansas City during May.

L. L. Fatherre, Jonesboro, recently addressed the Rotary Club of that city on "Infant Mortality."

John J. Andujar, Little Rock, has accepted the position of pathologist to the Methodist Hospital, Fort Worth.

J. S. Kolb, Clarksville, has been elected trustee of the First Presbyterian church.

J. M. Kolb, Clarksville, has been re-elected alumni trustee of the College of the Ozarks.

R. H. Johnston and J. M. Kolb, Clarksville, were elected elder and deacon, respectively, of the First Presbyterian church.

J. W. Amis, Fort Smith, has been elected first vice-president of the Alumni Association of the University of Arkansas.

W. L. Boswell has been elected president of the Clarendon Lions Club.

Hoyt R. Allen, Little Rock, was elected a fellow of the American Proctologic Society at the San Francisco session in June.

The following were registered at the San Francisco session of the American Medical Association: Hoyt R. Allen, Little Rock; G. E. Cannon, Hope; L. T. Evans, Batesville; D. W. Goldstein, Fort Smith; W. B. Grayson, Little Rock; M. J. Kilbury, Little Rock; R. E. Maynard, Pine Bluff; J. A. Moore, El Dorado; H. E. Murry, Texarkana; J. C. Ogden, Fort Smith; R. Q. Patterson, Little Rock; J. S. Southard, Fort Smith, and W. R. Brooksher, Fort Smith.

H. A. Causey, Pine Bluff, took postgraduate work in surgery at New York during June.

C. G. Hinkle, Batesville, recently attended a reunion of the class of 1903 of Washington University School of Medicine in Saint Louis.

F. G. Engler has moved from Mountainburg to Chester.

RANDOM THOUGHTS OF THE SECRETARY

June 8th. Again traveling across Kansas plains, a heavy rain making for more comfort than is usual. Viewing by chance the fading glory of the famous 101 ranch, bringing memories of a youth wherein we aspired to the rollicking life of a cowboy.

June 9th. Arriving Denver in early afternoon firmly convinced that the cut-off to U. S. 40 via Liman may save miles but not dispositions. Denver is "golf-minded" today not being stirred therefrom even by the momentary appearance at our hotel of Shirley Temple.

June 10th. Visiting Boulder, soon to be our commuting mecca, pausing to drink a root beer at the youngster's favorite rendezvous.

June 11th. This day we view the Royal Gorge from below in contrast to previous views made from above. The youngster is not alone in the difficulty of reconciling the turbulent passage of the Arkansas river here with its more languid course through our native state. In the late afternoon surmounting Tennessee Pass with its majestic view of the Rockies.

June 12th. Unannounced to us a new time-table goes into effect at Salt Lake City today, giving undesired hours to again view this historic city. With the guidance of a taxi driver of the Mormon faith, we go sightseeing, acquiring far more information than on a former visit.

June 13th. Down Feather river canyon for a hundred miles, a gorgeous vista of a rushing stream hemmed in by precipitous slopes, breath-taking in grandeur. We willingly add this trip to our limited selection of the scenic marvels of America. Alighting Oakland for that incomparable ferry ride to San Francisco, now further glorying in a passage beneath the bay bridge and a glimpse of Treasure Island. The youngster delighting in all this, particularly the close-up of the U. S. S. Oklahoma, which he hopes will start a war right now. Comfortably placed in our hotel we step forth to our favorite of San Francisco's multitude of good restaurants—Bernstein's Fish Grotto.

June 14th. We spend the day with the House of Delegates hearing much discussion but no special emphasis upon a message from Washington. For the Hot Springs meeting in 1939 we secure a return engagement of Morris Fishbein—a guarantee of a S. R. O. public meeting. In the evening once again enjoying smorsgasbord at a Swedish restaurant. This institution should become a chain system.

June 15th. This morning we ride cable cars with Bill Riley viewing San Francisco from its unlimited peaks and valleys—many a mile of bouncing travel at a total cost of 21 cents. In the afternoon we drive forth in our rent car, through the Presidio, catching a distance view of Alcatraz, thrilling to the China Clipper as it wings overhead, traversing the mighty Golden Gate bridge but denied the best view of the bay and ocean by traffic restrictions, yet well pleased with our visual impressions from the north shore. Thence about Land's End down along the beach where we play in the sand and back across Golden Gate park to the more prosaic city.

June 16th. Greeting Harry and Mildred Murry, Preston Hunt and Ogden during the morning, the only Arkansans we have seen, the transplanted soda-jerker and the store manager from the home town, the only exceptions. In the afternoon session of the House of Delegates we ride the band-wagon until time to select convention cities when we pick Saint Louis for a score of one out of three.

Minneapolis-Saint Paul might well remember that ours was one of those ten votes and Atlantic City should know that we returned the favor for salt-water taffy and toy balloons received.

June 17th. In that reputed wonderland—Southern California—caring little what the Chamber of Commerce thinks of our fleeting visit. Greeting friends who have Arkansas affections yet remaining, but mostly resting in our room.

June 18th. The California-Arizona desert scene from our car window serves but to make us more thankful for air conditioning, yet to come on our last trip through this section.

June 19th. Tarrying for a few hours in El Paso, we take departure here from Peg and Bill Riley who now move northward to Colorado as we less gay in spirit face the 863 miles to Texarkana and the final 190 home. Dinner with Holman Taylor and the pleasure of conversation with this remarkable state secretary is the highlight of the day.

June 20th. Texarkana at last, again thwarted by revised train schedules, so to the 1938 session headquarters where we doff most of our attire and become relatively comfortable under a ceiling fan, while we put these thoughts on paper in longhand, adding unnecessary worry to the load of faithful Pinckney, to whom we apologize.

WOMAN'S AUXILIARY PAGE

MRS. N. B. DANIEL,
Publicity Secretary, 908 Pine Street, Texarkana.

The Woman's Auxiliary to the Washington County Medical Society met in dinner session May 2nd at the Washington Hotel, Fayetteville. On May 16th the Auxiliary met in business session and prepared supplies for the City Hospital.

Mrs. P. L. Hathcock, Publicity Secretary.

Mrs. Clarence Hooper and Mrs. R. C. Dickinson entertained members and guests of the Woman's Auxiliary to the Sevier County Medical Society May 26th at the home of the former in Horatio with luncheon. Mrs. P. H. Phillips, Ashdown, gave a talk on "Responsibilities of a Doctor's Wife" and Miss Patsy Caldwell, presented several piano selections. Mrs. Clarence Hooper gave two vocal solos and Mrs. C. E. Kitchens reported on the 1938 annual meeting of the state auxiliary in the absence of the delegate, Mrs. C. A. Archer. Members present were: Mesdames C. E. Kitchens, E. L. Manning, G. L. Kimball, I. G. Jones, J. S. Hendricks, Leonard Hampson, J. C. Graves, C. C. Thompson, Elinor Park, R. L. Hopkins and the hostesses. Guests present were: Mrs. P. H. Phillips, Ashdown, Miss Patsy Caldwell, Ashdown and Mrs. Schley Manning.

The semi-annual meeting of the Second Councilor District Medical Society and Auxiliary was held April 11th with dinner at the Batesville Country Club. Dr. O. J. T. Johnston presided and introduced the following speakers: K. K. Kimberlin, Tuckerman, S. J. Allbright, Searcy, J. N. Compton, J. E. Jones and J. F. Shuffield, Little Rock. Mrs. O. J. T. Johnston also spoke. Carolyn Johnson of Cave City gave an enjoyable reading. Favors, compliments of the E. R. Squibb Company, were distributed during the dinner. Cigarettes were furnished by the City Drug Company and candies by Goodwin's Drug Store. The Auxiliary members held their meeting following the dinner with Mrs. L. T. Evans, vice-president, presiding in the absence of Mrs. F. A. Gray, president. During the business session, the following officers were elected for 1938-39: President, Mrs. G. T. Laman, Cave City; vice-president, Mrs. J. H. Kennerly, Batesville; recording secretary, Mrs. O. J. T. Johnston, Batesville, and treasurer, Mrs. C. G. Hinkle. The following were guests: Mrs. S. J. Allbright, Searcy, Mrs. K. K. Kimberlin, Tuckerman and Mrs. Ruthel Johnson, Cave City. The following was presented: "Marijuana, the Assassin of Youth," Mrs. C. G. Hinkle, and a poem, "Entreaty," by Mrs. Calvin Churchill, Batesville.

MRS. J. B. CRAWFORD
Little Rock
President, Woman's Auxiliary to the Arkansas Medical Society
1938-39

The home of Mrs. Paul Carroll was the setting Thursday afternoon for an informal tea when members of the Women's Auxiliary of the Texarkana Druggists' Association, Mrs. A. J. C. Dunnam, president, honored members of the Women's Auxiliary of Bowie and Miller Counties Medical Societies.

The house was additionally attractive with a variety of spring flowers.

Guests were greeted at the door by Mrs. Carroll's young daughter, Corinna Carroll.

Refreshments were served in the dining room after which the hostesses and guests enjoyed an informal visit on the sun porch.

There were 40 members of the two auxiliaries present.

Woman's Auxiliary of the Bowie and Miller Counties Medical Society met Friday afternoon at the home of Mrs. A. W. Roberts. Co-hostesses with Mrs. Roberts were Mrs. Reavis W. Pickett and Mrs. E. M. Watts.

The house was lovely with flowers.

The program, led by Mrs. J. T. Robison consisted of a report of the Arkansas Medical Auxiliary which met in Texarkana during April, given by Mrs. Reavis W. Pickett, and a detailed report of the Texas Auxiliary meeting in Galveston, given by Mrs. Joe Tyson. Mrs. Tyson's report was supplemented by additional highlights on the Texas meeting by Mrs. S. A. Collom.

Mrs. S. A. Collom presided over the meeting in the absence of the president, Mrs. N. B. Daniel who was at the bedside of her mother in Wilmar, Arkansas.

The hostess served refreshments.

The new officers, headed by Mrs. Roy Baskett will assume office following this meeting.

BOOK REVIEWS

Management of the Sick Infant and Child. By Langley Porter, B. S., M. D., M. R. C. S. (Eng.), L. R. C. P. (Lond.), Dean, University of California Medical School and Professor of Medicine, and William E. Carter, M. D., Director, University of California Hospital Out-Patient Department. Fifth Revised Edition. Pp. 849. 94 illustrations. Price $10.00. Saint Louis: C. V. Mosby Company, 1938.

This revised edition has been enlarged to include the management of older children as well as infants. The material in this volume is arranged so that it is not only easily readable, but easily assimilated. The many illustrations of the diferent methods of procedure add to its importance. Many valuable prescriptions for the treatment of various diseases and symptoms of children are included in the appendix. The authors have spared no pains in making this volume one that will enable the general practitioner to institute many procedures which they have been leaving to the specialist.

Radium Lost and Found. By Robert B. Taft, B. S., M. A., M. D., F. A. C. R. With an introduction by George E. Pfahler, M. D., D. Sc., D. M. R. E. (Camb), F. A. C. R. Illustrated by Mercedes Hoshall, B. F. A. Pp. 77. Price $2:00. J. J. Furling and Son, Inc., 1938.

Written in a pleasantly humorous style, these tales of lost and found radium will be most interesting to the radium therapist. The problem of locating lost radium is carefully analyzed and the efficiency of the Geiger-Muller counter is properly appraised.

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THE DOCTOR IS OF NECESSITY A STUDENT OF LIFE. Each new patient presents a new study, a new problem. Psychology plays an important role in the course of treatment he prescribes. With some patients he must be frank to a point of harshness, with others he must be gentle and coaxing. The nature of the illness and, more particularly, the nature of the patient determine his attitude. He knows from experience the value of bolstering his patient's morale. As a student of psychology he knows that few things are more depressing to a woman than the fear that she is losing her charm; that when she no longer cares how she looks the chances are she has lost touch with a vital interest in life. And because he appreciates the importance of a sensible interest in personal appearance he quite rightly encourages his patients to look their best at all times. FINE COSMETICS appeal to that interest. That is why they deserve to be recommended by doctors who are, after all, greatly concerned with their patient's morale.

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SPONTANEOUS PNEUMOPERICARDIUM: With Report of a Case*

ALLAN A. GILBERT, M. D.
Fayetteville

I should state at the outset that this is purely a case report, presented to you because of its rarity. A fairly comprehensive search through the literature has failed to reveal another identical case. Conversations and personal communications with a number of outstanding cardiologists and physiologists have added little in explanation of the etiology, physiology and physics of the condition, where from a purely scientific standpoint much is lacking.

Case History: Patient, H. C., male, aged 20, single, occupation, student.

Complaint: Patient walked into office at 2:00 P. M., March 31, 1934, stating: "I have a funny noise in my chest, which I think is my heart."

Present Illness: This morning, while lifting bales of hay from the ground up to the back of a truck, he experienced a slight discomfort in the region of the heart. As he walked to the house a few minutes later, he became aware of peculiar noises in his chest, and what seemed to be an unusual action of the heart. At the dinner table the family heard these sounds and they were the subject of some discussion. The sound increased in intensity but there was no pain or undue discomfort. He finished his dinner and drove into Fayetteville, a distance of twelve miles, with his father.

Past History: Usual diseases of childhood, including whooping cough, pneumonia at 11 years; tonsils removed in childhood. His health had been unusually good all his life, having worked on the farm in addition to attending school, no history of syphilis or gonorrhea.

Family History: Entirely negative; immediate family all living and well, no tuberculosis or carcinoma.

Physical Examination: Well nourished, young adult male. Height 71 inches, weight 156 lbs., temperature 99° F. The patient does not look sick, color is normal, no cyanosis, and while respirations are rapid and slightly shallow, there is no dyspnea. The general physical examination is entirely negative except for the chest. This is symmetrical, well-formed, with expansion equal on both sides; respirations slightly shallow, 26 per minute; no alteration in percussion note; breath sounds, when heard, were vesicular with no adventitious sounds noted.

Heart: The area of cardiac dullness cannot be outlined, the normal area being replaced by tympany; pulse rate 70, regular in volume and rhythm, blood pressure 118-86 mm.; heart sounds are indistinguishable because of peculiar, clanking, metallic sounds which occupy both systolic and diastolic phases, and which bear no relationship to respiratory phase. These sounds are forcefully audible over the entire room. There are no palpable shocks or thrills, no points of intercostal retraction and no tenderness on pressure.

No diagnosis was made. The patient was taken immediately to the hospital for floroscopic examination. The lungs were radiant throughout, complementary pleural sinuses clear, heart normal in size and position and nothing abnormal was noted. The patient was hospitalized, placed at absolute rest, with a light ice bag over precordium; no medication, since none was indicated. Routine laboratory reports showed a negative urine, 9,250 leucocytes with normal distribution. Blood for Wassermann was taken which was later reported negative. The patient rested comfortably during the night, experiencing no discomfort and lying flat in bed with one pillow. The respiratory rate dropped promptly to 20 and the pulse rate remained low, usually below 60 beats per minute, dropping as low as 48 while asleep.

The next morning there was no change in the character of the audible heart sounds. He was seen by practically every physician on the hospital staff, including several from the U. S. Veterans Facility. The sounds were still intense and plainly audible over the entire ward. A bedside plate was made of the chest which was read as negative when first examined. On April 2nd, the sounds were no longer audible to bystanders except when the patient was in an upright position, though still intense on auscultation. He was entirely comfortable, and upon his insistence was removed by ambulance to the home of a relative in Fayetteville, where the abnormal sounds became gradually less intense with return of normal heart sounds, normal cardiac dullness and normal pulse rate. He was kept in bed four weeks, allowed up gradually and returned to school after six weeks, apparently well, and has remained so since, though I have not seen him during the past two years.

Several days after the patient's discharge from the hospital, in studying the chest flim, what seemed to be double cardiac outline was noted: the outer shadow symmetrical with the inner and showing a clear area a little more than a centimeter in width, which could not be explained by cardiac motion and due to its clearness could only be explained as due to the presence of air.

A search through the text books made the

*Read before the Sixty-third Annual Session of the Arkansas Medical Society, Texarkana, April 19, 1938.

diagnosis of pneumopericardium clear. The peculiar sounds described as the "Bruit de Moulin" or "mill-wheel murmur" is explained and is definitely pathognomonic of the condition. I quote from Tice's Practice of Medicine which presents the most detailed consideration of the condition available:

"Definition—Pneumopericardium is a collection of air or gas in the pericardium. Analogous to a similar process in the pleura, there may be a pure pneumopericardium, but usually it is combined with an effusion constituting a hydropneumopericardium, with pus, a pyopneumopericardium, or with blood, a hemopneumopericardium.

"While accurately described and recognized by the older authors, it can be regarded only as a rare occurrence. W. B. James, in 1904, in a careful review of the literature, was able to find but 37 undoubted cases; with his own this made a total of 38. Cowan, Harrington and Riddell, in 1913, increased this number by 6 additional cases, 5 in the literature and their own case reported. Since that time a careful search of the literature reveals but three additional recorded cases, two of which were artificially produced for therapeutic purposes.

"Etiology—Air or gas may collect in the pericardium whenever there is established a communication between the sac and the external atmospheric air, or whenever gas is generated in the sac by a gas-producing organism or by putrefaction.

"One group of causes includes penetrating wounds of the pericardium due to stab, gunshot wounds, and injuries of the chest, such as fracture of the ribs with injury to the lung and pleura, surgical operations and entrance of air during exploratory puncture or aspiration of the pericardium. This group constitutes a fairly large proportion; twelve of the recorded cases, ten of which followed puncture of the pericardium.

"A second group includes the causes producing a communication with an air-containing viscus, either thoracic or abdominal. Perforations of the esophagus by simple or carcinomatous ulcer or by injury with a foreign body, as in sword-swallowing, have been reported. In five cases the esophagus was perforated, in three by carcinomatous ulceration. Among the thoracic diseases, tracheobronchial adenitis, emphysema, pneumothorax, pneumonia and gangrene have been described. In four cases a caseating tuberculous focus in a gland, or in the lung, established a communication between the sac and bronchus or esophagus. Air or gas may enter the sac through a communication with the abdominal organs, such as the stomach or intestines; there were two cases on record. Peptic ulcer, and gastric caricinoma with ulceration are the most frequent causes. Hepatic abscess as well as appendiceal abscess have been found as a possible cause.

"A third group comprises those cases in which no opening into the pericardium can be found, and in which an infection of the sac exists and becomes distended by gas from a gas-producing organism or from putrefaction. Undoubtedly some of the cases reported by the older writers were due to gas formation or to putrefaction, and very likely they were postmortem changes. Although no specific form of organism has been described, from analogy it is reasonable to conclude that the bacillus aerogenes capsulatus Welchii is probably the exciting cause, as is true in the case reported by Nicholls. Practically any form of infection producing a purulent exudate may undergo putrefaction and gas formation.

"The fourth group is composed of the cases of pericarditis in which air or gas is intentionally introduced for therapeutic purposes; this operation produces an artificial pneumopericardium such as is described by Weil and Loiseleur.

"Symptoms and Physical Signs—All symptoms may be wanting, especially when the condition develops slowly, or when the manifestations are those of pericarditis; this is particularly true of the pressure symptoms, as the sac becomes distended and interferes with the pulmonary and cardiac function. When the air or gas enters rapidly as in perforating wounds, the patient complains of precordial discomfort, pain, dyspnea, weakness and perhaps attacks of syncope. Symptoms and signs of cardiac failure and shock may be present.

"The physical findings are characteristic, in most instances permitting a clinical diagnosis as evidenced by the few cases reported by autopsy and overlooked during life. In any doubtful or questionable case, the roentgen examination will be definite and conclusive.

"Auscultation—The most characteristic finding is by ausculation, and consists of the presence of a splashing, churning sound over the precordial area; this is due to the presence of fluid and air, or gas, in the pericardium. These sounds are exteremely variable in time and quality but quite synchronous with the heart's action. A metallic tinkling is often heard, superadded to the splashing sound, sometimes heard by the

patient and audible for some distance from the patient. The splashing sound has been described by various writers as the "mill-wheel" murmur, the bruit de moulin, and a metallic gurgling. As the fluid increases, the characteristic sounds decrease and may disappear, and the cardiac sounds become distant and muffled.

"Percussion—On percussion, with the patient recumbent in the dorsal position, tympany is present over the cardiac area; with the patient sitting upright, there is tympany over the upper and dullness over the lower portion of the pericardium. Change of position may produce a change in the percussion findings. Occasionally dullness over the air or gas-filled sac is found instead of tympany, due to the degree of tension present. Cracked-pot sound has also been described, where only a hydropneumopericardium was found without a bronchial communication. The cardiac impulse may be palpable only in the recumbent position; absent or doubtful in the upright. Findings of the associated cardiac and pericardial pathology, as well as the primary disease, may also be determined.

"Roentgen Examination—Confirmatory and conclusive evidence is furnished by roentgen examination. Usually this examination leaves no room for doubt in the presence of the characteristic physical signs, but, if it is not a part of the regular routine examination and any doubt does exist, the patient should be subjected to such an examination.

"The floroscopic findings and skiagrams are both most characteristic, showing the presence of air or gas in the distended sac. A fluid level shifting with the position of the patient or with cardiac action, can easily be demonstrated when the pneumopericardium is associated with effusion or exudate into the sac.

"Diagnosis—With the typical signs and particularly with a roentgen examination, the diagnosis is easy. There is hardly any other condition which simulates pneumopericardium or produces any confusion. It is conceivable that a pulmonary cavity situated near the heart or perhaps a left-sided pneumothorax might cause some difficulty. Suspension of the abnormal metallic sounds with suspension of breathing, the displacement of the heart to the right, along with palpable cardiac impulse and audible heart sounds, will assist in diagnosis. Roentgen examinations will remove all doubts and determine the diagnosis. Traumatic emphysema with air in the precordial area may be confusing and cause a slight suggestion of pneumopericardium. The stomach distended by gas sometimes is associated with a metallic sound, but differentiation is made possible by careful cardiac examination or by aspiration of the stomach contents.":

In the study of this case, a careful search was made in the libraries of the Washington University Medical School and the University of Arkansas Medical School, as well as making use of the Prior Consulting Bureau Service, but no identical case was found. There were numerous cases of hydro-, pyo-, and hemopneumopericardium, penetrating injuries or surgical procedure for adhesive pericarditis. In every case there was a definite explanation for the presence of the air or gas in the pericardium. One case of spontaneous pneumopericardium is reported by Himus and Popesco in the Journal of Radiologie and Electrologie, December, 1932. In their case, the pneumopericardium developed following a thoracotomy for empyema. The diagnosis was made by X-ray. The clear area between the heart and the pericardium was one cm. wide, the cardiac dullness had disappeared, there was tachycardia, but no cyanosis or dyspnea. The auscultatory findings were such as I have described. The pneumopericardium disappeared with diminution of the pneumothorax, and the patient, a child of five years, made a good recovery. In commenting on their case, the authors feel that there was probably a small opening in the mediastinal pleura, through which the air passed from the pneumothorax to the pericardium. They further comment on the rarity of mixed pneumopericardium, and add that theirs is the only case of pure pneumopericardium that had been reported up to that time.

There is no question as to the diagnosis in this case, albeit the film is not all that it should be. The diagnosis should have been made on the basis of physical findings alone. There are two questions that remain to be answered, and as to the correct solution, I am only able to theorize. First, what was the source of the air in the pericardium, and second, was the bradycardia which developed with the pneumopericardium a part of the condition or merely coincidental?

Despite the lack of additional laboratory evidence, I feel sure that all the etiological factors mentioned earlier can definitely be ruled out. The history, physical examination and subsequent cause of the patient do this. You will recall that the patient had a severe pneumonia in childhood. It is conceivable that an old pleuropericardial adhesion was torn during the muscular and respiratory effort of lifting bales of hay

to a height above his head. Instead of developing a spontaneous pneumothorax, the tear was directly into the pericardium, with the resultant pneumopericardium. That there was a considerable quantity of air in the pericardium, is evident from the gradual onset, with increasing intensity of the audible heart sounds, until the patient had been at absolute rest for several hours. Dr. Joseph Erlanger, in a personal communication, suggests that the patient might have developed a spontaneous interstitial pulmonary emphysema, with tearing of the pericardium into the emphysematous area, as a source of the air. Hamman reports a series of six cases of spontaneous interstitial pulmonary emphysema in the Transactions of the Association of American Physicians last year, a hitherto undescribed condition. He states that is occurs often, spontaneously without trauma or unusual effort. It may ocur with distension of the lungs produced by muscular effort when the glottis is closed. It may occur in new born infants after attempt at resuscitation, in children after severe paroxysms of coughing, in pneumonia, bronchial asthma, during childbirth and heavy lifting. It is seldom recognized unless air reaches the subcutaneous tissues of the neck. Air in the interstitial tissues of the lungs reaches the mediastinum by traveling along the connective tissue bands which surround the bronchi and blood vessels. Hamman is convinced that not infrequently pulmonary alveoli rupture and that air escapes into the interstitial tissues of the lungs, travels along the interstitial bands to the pleura where it forms a vesicle. The pleura over the vesicle is stretched and if the quantity of air is sufficient, rupture occurs. This, he feels, is the most reasonable explanation for spontaneous pneumothorax. I am inclined to believe that this is what took place in the case I have reported, the vesicle rupturing through an old pleuropericardial adhesion, with resultant pneumopericardium instead of the usual pneumothorax.

As regards the bradycardia, it may have resulted from direct stimulation of the vagus fibers, or reflexly by stimulation of pain fibers, since bradycardia is frequently the result of visceral pain. Pain, however, was not severe in this case. It is a possibility, and what I believe is probably true, that compression of the right auricle and the great veins by the presence of air in the pericardial sac diminished the Bainbridge reflex. This would cause the heart to slow.

The rate of the heart is set by that part of the heart which is called by Erlanger, the pace maker, the sino-auricular node of Keith and Flack. The heart rate is governed by two sets of nerves from the autonomic nervous system, the sympathetic, whose effect is accelerative, and the vagus, whose effect is inhibitory. An increase in the rate of the heart is produced by diminution in vagus tone or an increase in sympathetic tone or both. This occurs in exercise. It is brought about as shown by Bainbridge, by a rise in venous pressure in the large veins of the thorax and in the right auricle. This results in a hastened return of venous blood to the heart; over filling is prevented by the pericardium. This increases cardiac output without necessarily increasing the rate. Bainbridge showed that the increased return of blood to the heart reflexly stimulated the sympathetic fibers and that there was a diminution in vagus tone, with resultant acceleration in cardiac rate or tachycardia.

Pressure of air in the pericardium with constriction of the great veins and right auricle could decrease venous return to the right heart, lower venous pressure, diminish the Bainbridge reflex, and produce a bradycardia, with later absorption of the air in the pericardium and return to normal venous pressure. The heart rate would then return to normal.

REFERENCES

1. Tice, Frederick. Practice of Medicine, 1929. VI, 238.

DOCTOR:

Have you filled out and returned Form No. 1 to the Committee on the Study of Need and Supply of Medical Care in Arkansas?

Your individual cooperation in this Survey is most important.

SOME PERSONAL EXPERIENCES WITH THE SCLERO-CORNEAL TREPHINE OPERATION*

E. C. MOULTON, M. D.
Fort Smith

On the morning of August 2nd, 1909, Colonel R. H. Elliot in Madras, India, first performed the sclero-corneal trephine operation for the relief of simple glaucoma. The idea had been in his mind for about a year and a half and only after much thought, correspondence and personal discussion with opthalmologists all over the world did he put his thoughts to the test. He was astonished at the simplicity of the operation and the ease with which the procedure could be executed. In this connection it might be of interest to note that my father, Dr. H. Moulton, did his first sclero-corneal trephining on February 5th, 1914, less than five years after the operation had its birth. His patient was a 39 year old woman who had been blinded by perforating corneal ulcers when twelve years old. The right eye was phthisical. Vision had been restored to the left eye when she was fourteen by an optical iridectomy with the history that vision had remained useful until eight months before coming to him when sight began to fail and the eye pain slightly. Her tension was elevated and the vision only 4/200. The trephine was applied over the site of the original iridectomy. Seemingly a most difficult case for an initiation to this operation, but which proved to be relatively easy. Vision of 5/200 resulted and remained such for eight years after which the case was lost track of. In his practice and in mine we have since done many of these operations and today have no regrets at having adopted the method as the one of choice in cases of chronic simple glaucoma which fail to continue a response to miotics. As with Elliot, "Experience has only served to strengthen the opinion that the method is as easy of execution as it is sound in principle". Our results, too, have been very gratifying. A small percentage of disappointments have, of course, crept into our statistics.

The commonly advanced objection, of late infection, has never intervened in any of our cases. Instances of acute purulent conjunctivitis have been encountered subsequent to the operation, but so far, with no untoward results. The key to the avoidance of such a complication would appear to lie in a flap of sufficient thickness, i. e., lifting the subconjunctival tissue and staying close to the sclera. The other most frequent objection to Elliotts' operation is that it is difficult of execution. A trial by the ophthalmic surgeon of only moderate experience and fair operative ability will be startlingly conclusive of the ease with which the operation can be accomplished, and of the uniformly good results with which he is rewarded.

I should like to briefly relate a few of our cases which will demonstrate the effectiveness of this operation.

(1)—Mr. J. G., age 54, a bookkeeper sought to save his failing and one remaining eye, the other being blind from glaucoma. The tension was 50 and corrected vision 20/30. Operation October 10, 1929. Eight years later his tension is within normal limits, and his corrected vision is still 20/30.

(2)—Mr. G. G. S., a locomotive engineer, age 57, noticed blurring vision in one ye. Bilateral glaucoma simplex was diagnosed and held in check for two years within miotics. On January 20, 1930 the left eye was operated. Tension was reduced from 40 to 15, and the vision of 20/40 has remained so to date. On February 6, 1930 the right eye was operated. Tension was reduced from 34 to 10 and vision remained at 20/30. This man continued to operate his engine until December, 1936, when he was retired on pension because of years of service.

(3)—Mr. B. E. B., age 56, in 1927 had 20/50 corrected vision with tension of 30 in his remaining eye, the other being blind from a combination of trachoma and glaucoma. Because of chronic purulent dacryocystitis the lacrymal sac was extirpated six weeks previous to the trephine operation which was done on May 25, 1927. At present the tension is 16 and vision 20/70. As an itinerant scissors grinder he called at my house a few days ago soliciting work and still doing it well.

(4)—Mr. W. W., age 70, a gunsmith, allowed one eye to become blind from various injuries and glaucoma. On Feb. 7, 1937 he experienced a simultaneous attack of coronary thrombosis and pain in his remaining good eye. Tension was 40 and vision undetermined but quite poor as noted by his inability to identify members of the family in the sick room. Miotics were used with only fleeting effect. Finally three weeks later when it became evident that he would live the eye was trephined. He later did such work at the shop as his damaged heart would permit. Ocular tension was reduced to 24 and retained with vision of 20/50 until his death a year later from congestive heart failure.

(5)—Mr. R. F. S., age 50, court stenographer, on October 1, 1926 had corrected vision of 20/20+ and 5/200 in right and left eyes respectively with tension of 48 and 53 in the corresponding eyes. Miotics were helpful for about six weeks only when tension again rose to over 50, and each eye was trephined with immediate and lasting control of tension and preservation of vision. The major cause of the poor vision in the left eye was traumatic macular disease thirty years previously. Today this man has normal vision in the right eye; no further loss in the left. He still acts as court stenographer and plays a good game of golf.

And so on; I might mention housewives, con-

*Read before the Section on Ophthalmology and Otolaryngology, Sixty-third Annual Session of the Arkansas Medical Society, Texarkana, April 19, 1938.

tractors, W. P. A. workers, storekeepers, etc., but it is merely to show what may be expected that the above cases are mentioned in brief without detailing the case records. As in any surgical procedure, general or specialized, there will be times when one's ingenuity will be taxed by undesired complications but which must be met and dealt with as they arise. The more usual of these which may be met with during the operation of sclero-corneal trephining are:

1. Button-holing of the flap. This accident I have so far avoided. It is obvious that the flap must be handled in the most gentle manner possible. It should never be grasped by forceps. Slender wooden applicators with one end tightly wrapped with a freely absorbent cotton and dampened with a 1:10,000 solution of adrenalin are admirable for pulling the flap down over the cornea. These are suitable both while splitting the cornea and while using the trephine. They make admirable sponges. Tooth picks are ideal for the applicators in this instance. It is surprising what good control one has of the eye with this device; even with gentle pressure on the turned down flap the patient can turn the eye up only by a strong movement, which is readily anticipated in time to lift the cutting instrument in hand at the moment. Of course, the flap must not be too thin.

2. Loss of trephined disc in the anterior chamber. I have had no experience with this accident. Do not be forceful at the conclusion of the trephining and with the instrument inclined about ten degrees either to right or left during the final strokes the button will hinge nicely and be pushed to the side as the iris ballons through the opening when the trephine is lifted. Elliot claims that the disc in the anterior chamber is harmless.

3. Expulsive choroidal hemorrhage. This, of course, is an ever present danger in any intraocular operation and even though rare is to be kept in mind. I trust the future will be as kind to me as in the past in avoiding this most distressing accident. Scrupulous attention to delicacy of touch and with the use of a sharp trephine always so that the eye is subjected to only a very moderate degree of pressure would seem to be important. Also, because of the fact that the opening into the globe is very small and that there is a minimum of interference with the contents of the eye it would seem that this operation is the one of choice where indicated for the relief of glacoma, because these points do minimize the hazard of intraocular hemorrhage.

4. Loss of vitreous during trephining. One case which presented himself late in his disease with iris adherent far forward on the cornea failed to have iris present in the trephine hole. Upon attempt to pick it up in the hole with forceps for the sake of an iridectomy, the vitreous presented, evidently due to rupture of the suspensory ligament. Healing was uneventful. However, one month postoperative, tension had risen to 40 but was immediately relieved by 1% epinephrine bitartrate jelly as advocated by Wiener and Alvis, the tension dropping to 20. By continued use of the jelly this case has been kept under control for what now amounts to twelve months. The preoperative tension was 61.

5: Superficial hemorrhage which obscures the details of trephining may be very annoying but is readily controlled by the adrenalin moistened cotton tipped applicators above referred to. Slight pressure over the bleeding point for a moment with these is also of great aid. In addition laying the flap back into its normal position for a few seconds is most helpful. These points are effective either while splitting the cornea or while using the trephine.

6. Plugging of the hole either with uveal tissue or with the crystalline lens has not occurred in my practice apparently from due observance of Elliott's repeated caution to keep the trephine hole well forward. Placing the opening astride the limbus appears to be the usual ideal location.

7. The anterior chamber may remain shallow after this operation for an alarming length of time, but invariably deepening occurs by the end of two weeks.

8. Separation of the choroid. This occurs not infrequently and is rarely if ever fatal to the eye since reattachment may invariably be looked for. One such case had what appeared to me to be a complete detachment on the third post operative day. No normal red reflex could be found anywhere within the fundus, and vision was reduced to light perception, but by the end of two weeks complete reattachment had been effected. Quiet in bed and atropine was maintained during this period as the sole treatment with return of vision ninety days later to 20/40 and a tension of 20. Preoperative tension was 51 and vision 20/30.

In conclusion it may be permissible to repeat that the operation performed with strict attention to details as outlined by Colonel Elliot will easily reach, tap, and subconjunctivally drain the anterior chamber with a minimum of injury to the structures of the eyeball.

205 Merchants Bank Building.

THE MODERN TREATMENT OF VARICOSE VEINS*†

CARL A. ROSENBAUM, M. D.
Little Rock

The procedure of choice in the treatment of varicose veins, until but a few years ago, was combined stripping of the entire saphenous vein above the knee with dissection of all varicosities below the knee. The objections to this method of treatment are, (1) prolonged hospitalization, (2) possibility of infection, and (3), embolism following immobilization of the extremity.

The production of thrombosis by injection of sclerosing substances into the dilated vein is not a new idea. As far back as the middle of the nineteenth century such solutions as alcohol, iodine and phenol were used, but being so irritating, they caused much pain and severe reactions, hence their use was abandoned. These early attempts included perivenous injections, which caused obliteration of the vein by fibrosis, similar to the present day injection treatment of hemorrhoids. A severe inflammatory reaction was induced, this being followed by scar tissue, which by its contraction reduced the size of the vein. The intravenous injection of a thrombus-producing substance as is practiced today is entirely different in principle. Intravenous medication in the treatment of syphilis led to the observation that certain drugs had good sclerosing properties, producing firm thrombosis and obliteration. The next advance was selecting more suitable solutions for injection. Hypertonic solutions of sodium chloride and glucose were found to be effective and were used extensively. They are not as toxic as solutions of quinine, however the latter has the advantage of producing firm thrombosis following the injection of small amounts. The introduction of the salts of fatty acids provided a more nearly ideal sclerosing agent. They are non-toxic, effective in relatively small amounts, painless on injection, are least likely to cause slough, and at the same time, produce a good thrombus. At the present time sodium morrhuate is probably the most widely used of these solutions. Excellent results following its use have been reported by many. Few individuals are sensitive to it. Other fatty acid salt solutions include, moru-quin, oleate quinine, sylnasol, and monoethanolamine oleate.

The superficial veins of the leg dilate because of increased pressure. In some individuals there is an inherent weakness of the vein walls; such veins lose their elasticity, the valves become incompetent, the condition is permanent and progressive. There is not only stasis, but an actual reversal of flow, blood flows down the saphenous vein instead of upward and from the deep to the superficial veins through the incompetent communicating veins. Back pressure down the saphenous is imparted not only to the varices, but also through the venules to the capillaries and may equal arteriolar pressure, thus further favoring stagnation. If therapy is to be effective, these principles must be kept in mind. Any superficial vein connecting with a larger vein with increased pressure will dilate unless protected by competent valves. Injection alone will not relieve this condition permanently in all cases. When the valves are incompetent the pressure must be relieved by ligation. Combination of ligation of the saphenous vein together with injection was first reported in 1904.

Before beginning injection the circulation in the varicosities should be determined. A positive Trendelenberg test indicates incompetent valves in the saphenous vein with reversed flow of blood. Condition of the valves in the communicating veins may be determined by Perthes' test. Normally, blood in the deep veins is forced upward by contraction of the calf muscles, permitting circulation from the superficial veins to pass into the deep veins. With a tourniquet around the upper part of the thigh, there will be no change in the size of the varicosities following exercise if the valves in the communicating veins are incompetent.

By varying the position of the tourniquet on the thigh, between the saphenous opening and the lower third, the lowest incompetent communicating vein may be determined. Mahorner and Ochsner described this comparative tourniquet test in 1936. Following exercise prominence of the veins is noted, with the tourniquet in each of three levels, (1) around the upper third, (2) the middle third, and (3), just above the knee. The position of the tourniquet on the thigh which causes the most improvement in the varicosities indicates the lowest incompetent communicating vein. Patency of the deep veins is determined by applying an elastic bandage to compress the superficial veins. This is worn with comfort and relief of symptoms if the deep veins are patent. Extensive arterial disease such as arteriosclerosis or thromboangiitis obliterans is a contraindication to injection therapy. Adequate blood supply to the extermity is determined by pulsation

*Read before the Sixty-third Annual Session of the Arkansas Medical Society, Texarkana, April 20, 1938.
†From the Department of Surgery, University of Arkansas School of Medicine.

in the dorsalis pedis and posterior tibial arteries. If there is a history of "milk leg" with persistent edema the veins should not be injected. Thrombophlebitis is a common complication of varicose veins. It has been shown recently that active treatment may be given without danger and with quick relief. Edwards advises ligation and injection keeping the patient ambulatory as in the treatment of uncomplicated varices. Rest in bed, with application of ice packs, favors embolism. Injection and ligation should be postponed in the presence of severely infected ulcers until the inflammation has subsided.

Injection may be given with the patient standing or in the recumbent position, the vein collapsed. The effect of the solution on the intima of the vein wall depends on its concentration or dilution with blood. In some clinics effort is made to inject the empty vein by occluding a segment with the extermity in horizontal position. This is not necessary, however, since good results are obtained with the patient standing. It is much easier to enter a distended vein and there is probably less danger of the fluid escaping into the tissues. Strong solutions not only cause sloughing but are painful. We have not had this to occur in the use of 5% sodium morrhuate. A small hypodermic needle is used. The injection must not be made too slowly because of dilution. The dose varies between 1/2 cc. for each area, given five to seven days apart.

A positive Trendelenberg test is an indication for ligation. The point of ligation depends on the individual case. DeTakats first emphasized ligation at the saphenous opening to relieve the back pressure and prevent reverse circulation. There may, however, be incompetent communicating veins below this point. If such be the case, in addition to high ligation, the vein must also be sectioned below the level of the lowest incompetent communicating vein. Varicosities of the short saphenous will not be affected by ligation of the great saphenous, since the former empties into the deep circulation in the popliteal triangle. These two systems, however, may communicate at the knee. After ligation it is easier to produce thrombosis because pressure and tension have been greatly reduced. Contraindications to ligation are the same as those for injection. General physical examination should exclude severe heart disease and any systemic or degenerative disease. The distal portion of the vein may be injected as the time of ligation making additional treatment unnecessary in a considerable portion of cases.

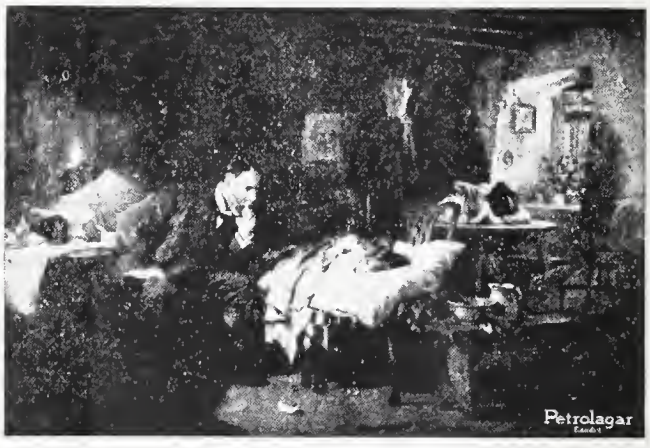
There is little danger of embolism after injection therapy. The thrombus is aseptic adhering firmly to the vein wall, not at all like the soft and friable septic thrombus which is present in phlebitis. Keeping the patient ambulatory reverses the blood flow, making embolism still more unlikely. Some solutions in use will cause sloughing if deposited outside the vein. Should this occur, the area should be infiltrated immediately with normal saline or the patients own blood. Any discomfort following injection is readily controlled with hot wet packs. We always limit the dosage of the first injection to test the sensitivity of the patient.

Conclusion: The results obtained in this type of treatment are on the whole satisfactory. Recurrences do occur, usually the result of using too weak or too small an amount of sclerosing solution or failure to ligate when indicated. New varices may develop which were not present at the time of treatment.

REFERENCE

1. Mohorner: Howard R.; Oschner, Alton: A New Test for Evaluating Circulation in the Vanous system of the Lower Extremity affected by Varicosity, Arch. Surg., 33: 489.

"THE DOCTOR" NOW IN A PERMANENT HOME



The $150,000 reproduction of the Sir Luke Fildes masterpiece "The Doctor" first shown by the Petrolagar Laboratories at Chicago's Century of Progress Exposition in 1933, was recently presented by its owner to the new Rosenwald Museum of Science and Industry in that city.

Following the two World's Fairs, "The Doctor" Exhibit went on a tour of 50,000 miles and was viewed by over five million people in 18 principal cities throughout the country.

Designed to remind the public of the importance of the family physician, it required the full time of the late Chicago sculptor, John Paulding and the noted artist Rudolph Ingerle and a large corps of assistants, and took nearly a year to complete.

In its new location in the Rosenwald Museum it will be seen by millions of visitors annually.

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NEWS—Our readers are requested to send in items of news, also marked copies of newspapers containing matter of interest to the membership.

EDITORIAL

THE 1938 SESSION OF THE AMERICAN MEDICAL ASSOCIATION

Testifying in eloquent measure to the interest which has been awakened in the average physician for medical organization, over 6,000 physicians registered for the 1938 session of the American Medical Association held in San Francisco, June 13th to 18th. 166 of the 175 delegates credited to the House of Delegates were present. In view of the great distance which a considerable majority traveled to attend this meeting, medical organization leaders feel confident of a revival of interest by all physicians in their mutual problems. It is but natural that the press should report this meeting in terms bordering upon the sensational. As a matter of fact there was nothing of a sensational nature which came to the floor of the House of Delegates, the usual calm deliberation attending all the proceedings of this body and no intimation of any imminent "split" within the ranks was ever manifest. It is the purpose of this editorial to summarize in brief the actions of the House of Delegates. For more detailed reports, members are requested to read the proceedings in the Journal of the American Medical Association for July 2, 1938.

The report of the Secretary showed an increase in membership of 4,000 and in fellowship of 2,000, both better records than in the preceding several years.

Gross earnings of the Association were over $1,650,000 with operating expenses under $983,000, both in advance of the previous year.

The first award of the Distinguished Service Award of the Association was made to Dr. Rudolph Matas of New Orleans.

The Council on Medical Education and Hospitals presented its Essentials of An Acceptable Medical School, which was adopted by the House of Delegates.

A request from the American Red Cross for approval of its medical policies in times of disaster was considered. The House of Delegates reiterated its stand that the primary responsibility for the care of sick and injured in disaster rests with local physicians. It is felt that the function of the Red Cross should be that of cooperation with these local physicians by assisting in the organization and direction of medical relief work in the provision of needed medical facilities that are lacking for the emergency. Detailed arrangements for possible emergency should be made by mutual agreement between the American Red Cross and local medical organizations so that a standard might be set in advance.

Resolutions introduced suggesting that foreigners, graduates of foreign medical schools, be required to obtain full citizenship before being admitted to practice, met with full approval.

The Bureau of Medical Economics was authorized to undertake, jointly with the Council on Medical Education and Hospitals, a study of the relationships existing between hospitals and the physicians practicing therein, especially in the departments of anesthesia, radiology, pathology, and physical therapy, with a view of standardizing the relationship of these services to the hospital, and, where necessary, of reaffirming the principles of ethics involved. If such a study reveals that hospitals registered and approved by the Council are exploiting the public or the profession, such approval may be revoked.

Adopted a resolution condemning the sale of sulfanilamide preparations "over the counter."

Referred to state societies decisions as to approval of the motion picture film, "The Birth

of a Baby" after indicating its approval of the definite educational value of the film.

Affirmed a previous action stating that a study of contraceptive devices now in effect does not imply a change in the policy of the Association nor does it indicate an endorsement by the Association of contraceptive practices.

Special attention was given a prepared address[1] from Miss H. Josephine Roche, Chairman of the Interdepartmental Committee to Coordinate Health and Welfare Activities of the Federal Government, it being noted that this is the first official communication that the American Medical Association had received from this important governmental committee. The House was in complete agreement with the statement appearing in the address: "No one formula or program can possibly be found adequate to meet the varied needs of medical care."

Adopted standards for license to operate motor vehicles as recommended by the Section on Opthalmology.

Adopted a resolution urging each state society to take steps to educate the public on the need and value of competent animal experimentation.

Elected the following officers: Rock Sleyster, Wauwatosa, Wisconsin, President-Elect; Howard Morrow, San Francisco, California, Vice-President; Olin West, Chicago, Secretary; H. L. Kretschmer, Chicago, Treasurer; H. H. Shoulders, Nashville, Tennessee, Speaker of the House of Delegates, and Roy W. Fouts, Omaha, Nebraska, Vice-Speaker of the House of Delegates, and selected Saint Louis for the 1939 session, New York for the 1940 session, and Cleveland for the 1941 session.

A DUTY TO PERFORM

Members of the Arkansas Medical Society should by now be familiar with the plans for making a detailed survey of medical services in Arkansas. Forms as furnished by the Bureau of Medical Economics of the American Medical Association were distributed to all county medical societies in July.

It is incumbent upon the medical profession itself that reliable and accurate information regarding all health services available in Arkansas shall be obtained in this survey. Only by the whole-hearted cooperation of each physician and health agency in Arkansas may an accurate survey be made. If there was ever a mandate to the membership from the American Medical Association, this is one.

Events in Washington at the time this is written indicate the trend of future legislative efforts by proponents of federalized medical care. It may be confidently stated that the medical profession faces within the coming year a most relentless campaign to subordinate the private, individualistic practice of medicine to one which shall be ruled and regulated by governmentally established bureaus.

Our best answer will be an accurate and painstaking survey of the medical care and needs of the people. It is your duty to see that such a study is available for our counter-offensive.

[1] Members are urged to read the full text of this important address as published in The Journal of the American Medical Association, July 2, 1938, pp. 52-54.

PROCEEDINGS OF SOCIETIES

The Independence County Medical Society met in dinner session at the Barnett Hotel, Batesville, June 13th, as guests of Dr. and Mrs. Laman of Cave City. A paper, "Reporting of Births, Deaths and Communicable Diseases," was presented by Dr. O. J. T. Jonhston and a clinical case, "Infant Diarrhea and its Treatment," was discussed by Dr. V. D. McAdams of Cord. The society voted the acceptance of the Rehabiltation Medical Plan by a majority of one vote.

The Sixth Councilor District Medical Society met in business session at Texarkana June 20th, electing the following officers: President, J. C. Graves, Lockesburg; Vice-president, Jim McKenzie, Hope, and Secretary-treasurer, C. C. Hanchey, DeQueen. The fall meeting of the society will be held in DeQueen.

The White County Medical Society met as guests of Dr. and Mrs. D. W. Sloan of Beebe May 18th. The speakers were Clyde Rodgers, of Little Rock, and A. H. Hudgins, of Searcy.

The Phillips County Medical Society met May 26th, as the guests for dinner at the clinic of J. A. King and A. H. Maddox at Elaine. Papers on the use of sulfanilamide were presented by H. H. Rightor, Helena, and A. H. Maddox, Elaine.

The annual picnic of the Pulaski County Medical Society was held at Ferncliff June 24th.

The Benton and Washington county medical societies met in annual picnic session at Cave Springs July 5th, guests of E. J. Highfill. Speakers were: Harry W. Wilkins and G. E. Stambro of Oklahoma City.

PERSONALS AND NEWS ITEMS

D. W. Goldstein, Fort Smith, attended the Rotary International meeting in San Francisco during June and later visited at western points.

J. H. Chestnutt, Hot Springs National Park, attended the graduation of his son at Princeton in June.

Chas. S. Holt, Fort Smith, visited in Mexico during July.

Fount Richardson, Fayetteville, has recovered from a major operation and resumed practice.

Dr. and Mrs. Chas. T. Chamberlain, Fort Smith, spent a June vacation in Mississippi.

Dr. and Mrs. R. B. Robins, Camden, spent a vacation at Biloxi, Mississippi, recently.

Harry Hayes has been elected second vice-president of the Pulaski Heights Lions Club.

Ralph Sloan, Jonesboro, has recovered from an attack of pneumonia.

S. F. Hoge has been elected surgeon of the Little Rock American Legion post.

O. J. T. Johnston, Batesville, did postgraduate work at the Mayo Clinic during July.

Dr. and Mrs. H. W. Hundling, Little Rock, spent a July vacation in Des Moines.

L. K. Hundley, having completed his internship at the Baptist State Hospital, has accepted an appointment with the Prince Sanatarium at Springfield, Illinois.

Joe W. Reid, Arkadelphia, has moved into a new office suite.

Dr. and Mrs. Edward Adams, DeValls Bluff, are taking an extended vacation at western points.

Present for the annual field training period of the 206th Coast Artillery (A-a), Arkansas National Guard at Camp Joe T. Robinson were: Capt. Stanley M. Gates, Monticello; Lieut, N. C. Hodge, Marianna, and Major W. R. Brooksher.

M. S. Craig, Batesville, took a postgraduate course in pediatrics at Washington University, Saint Louis, during June.

J. E. Stevenson, Fort Smith, spent a June vacation in Minnesota.

A. C. Kolb and Don Smith have been elected chaplain and surgeon, respectively, of the Hope post of the American Legion.

J. O. Rush, Forrest City, Euclid Smith, Hot Springs National Park, and W. H. Bruce, Pine Bluff, have been elected vice-presidents of the Arkansas Crippled Children's Society.

Ulys Jackson has moved from Harrison to Marshall where he will serve as medical director for district number fourteen of the state department of health.

L. J. Kosminsky, Texarkana, has been elected grand chef de gare of the Grand Voiture of Arkansas, Forty-and-Eight.

Hugh B. Henry has been transferred from the Veterans Administration at Fayetteville to a similar position at Biloxi, Mississippi.

W. O. Arnold has completed a postgraduate course at Trudeau Sanatorium and Bellevue Hospital and has been transferred from the Wildcat Sanatorium to State Sanatorium.

C. C. Stevens, L. L. Hubener and Floyd Webb have moved into their new clinic building at Blytheville.

H. Fay H. Jones, Little Rock, attended the meeting of the American Urological Association in Quebec during July.

The following have been elected surgeons of their respective American Legion posts: Clyde McNeil, Rogers; L. H. McDaniel, Tyronza; D. E. White, El Dorado, and J. M. Stewart, Van Buren.

Dr. and Mrs. Frank O. Rogers, Little Rock, will spend an August vacation at Daytona Beach, Florida.

John M. Smith, formerly of Morrilton, recently of Orange, Texas, has located for practice in Port Neches, Texas.

"Present Status of Treatment of Arthritis" by M. F. Lautmann, Hot Springs National Park, appeared in the July issue of Archives of Physical Therapy.

J. W. Butts has been elected surgeon of the Helena Post of the American Legion.

F. O. Mahoney has been elected president of the El Dorado Rotary Club.

M. V. Russell, El Dorado, spent the month of June in study at the Mayo Clinic.

Dr. and Mrs. J. S. Southard, Fort Smith, have returned from an extensive trip of the western states.

"Hemorrhage and Rupture of the Adrenal in the New Born Infant" by Sam Phillips, Little Rock, appeared in the July issue of the Southern Medical Journal.

E. Baker has been elected surgeon of the Dermott post of the American Legion.

C. E. Kitchens and W. A. Hutchinson have moved into new offices at Texarkana.

W. A. Grimmett has been elected surgeon of the Blytheville post of the American Legion.

MARRIED—On April 18th, 1938, C. N. Bogart and Miss Dean DuVall of Forrest City.

OBITUARY

JESSE JOHNSON WILLINGHAM, aged 71, died suddenly while fishing at Wildcat Mountain Sanatorium near Fort Smith, June 30th. A native of Alabama, Dr. Willingham graduated from Rush Medical College in 1897, and had confined his practice to tuberculosis for the past 25 years. Prior to coming to Arkansas in 1909, he had lived in Texas, Virginia and Oklahoma. He had been transferred from State Sanatorium to the Wildcat Mountain branch on May 10th. He was a member of the Baptist church and of the Booneville Masonic lodge. Surviving relatives are his wife, two sisters and two brothers.

THE FRANKLIN COUNTY CORRESPONDENT

Dear Sir:

The Franklin County Medical Society met at the secretary's office, Ozark, July 13th, 1938. Dr. J. L. Post, president, in the chair. Also attending, Drs. Gibbons, Bollinger, Akin, Clark and Douglass.

The Medical Survey was presented and discussed and a special committee as provided in the instructions was appointed by the president including Douglass, Porter and Gibbons. All present promised support.

Your letter in regard to the motion picture, "The Birth of a Baby" was read. It was decided unanimously that this society has no objections to the exhibition of the picture in moving picture theatres to adult audiences.

The proposed plan of the Farm Security Administration for organizing the farmers, who would accept, to arrange for contributions to a common fund to be used in payment of medical bills was well-presented by Mr. T. A. Prewitt of the Little Rock Office, who had been invited to attend for that purpose. Also attending were Mr. Homer Hall and Miss Sarah Blakely of the local office. Mr. Prewitt told us that we would not be asked to sign any contract, that excessive demands on the doctor's time would not be permitted, that monthly cash payments of bills would be made after being submitted to an officer of this society and approved by him and payment to be made on a pro rata basis. It is an effort to pay for medical service and provide adequate medical service to the clients of the F. S. A. who are being helped to get on a self-sustaining basis. Our co-operation was earnestly requested. He stated that the program is being carried on in 55 counties of the state and has been fairly successful. After considerable discussion it was decided that this society will defer action at present and take the matter under careful consideration.

We appreciated the attendance of Mr. Prewitt, Mr. Hall and Miss Blakely at our meeting on a hot sweltering night, with the thermometer in this office registering 100.

We adjourned to King's Cafe where the atmosphere was much cooler and were treated to cold drinks by Dr. Post with great alleviation of our feelings. The August meeting will be skipped by unanimous consent.

THOS. DOUGLASS, Secretary
Franklin County Med. Society.

July 14, 1938.

RANDOM THOUGHTS OF THE SECRETARY

June 21st. Arriving in the home town at the all too sleepy hour of three A. M., observing with tired eyes the beauty of the newer illumination about the courthouse and federal building. Gladly to bed but unable to resist the habit formed by two weeks of association with the young son on tour, so up and about at 6:30 A. M.

June 22nd. Convinced as on many a previous occasion that once a vacation is begun, it should be tapered off, never returning to the humdrum pursuits all in one day.

June 25th. Pleased as is many another citizen over the delightful summer weather which is our lot. In the evening playing at mathematics of the Fishbein type, profiting in sufficient degree to advise the wife by wire that we know who has been the sashweight in this family.

June 26th. Establishing telephone contact with the family in Denver, an item for the budget which will recur in some frequency during the coming months.

June 27th. An excited spectator at a 12-inning game which the home team garners in the sack, not without mental strain on the stands.

July 1st. In company with our two nieces, we take in another ball game, explaining its intricacies to one; the other, less youthful, appears to be fully cognizant of the whole affair. The younger with unrestricted enthusiasm marks her favorites on the score card until eight of the nine players have merited approval. Withal, wistfully thinking that ever so many years ago we could have enjoyed this sport in much the same manner, only more boisterous, and caused to ponder over that slowing of the pace which comes with what we are pleased to term "maturity," but which is but sham for the weight of years. And, at that, we do not call ourself an old man.

July 2nd. With the hectic abandon which accompanies our preparations to attend the annual field training period of the regiment, we clean the desk, largely by shuffling papers into its drawers; taking leave of the office for two weeks; two weeks in which we shall hear much of Stanley Gates' banter, of Hodges' two-tone military shoes, and when, on occasion, we shall serve as general practitioner with considerable mental reservation as to procedure.

July 3rd. We move into camp for a tour of duty with the regiment, greeting officers with whom we have had no contact since last year at Fort Barrancas. Rapidly setting up in our tent for the duration, we spend the rest of the day looking the situation over.

July 4th. The traditional salute sounds, but not with a roar, there is some economy in governmental quarters, displaying itself on this occasion by a lessened powder charge. Spending the glorious Fourth in as torrid weather as would accompany any old settler's reunion.

July 8th. After telephonic inquiry twice daily, we finally get the nod to come to court for testimony, driving a hot 160 miles to find the case started and thrown out of court on some legal technicality, small comfort to us after the physical discomfort we have endured in carrying out our small part in the distribution of justice. Taking advantage of the opportunity, however, to scan the mail awaiting us, in part disposing of this a week earlier.

July 9th. Over 600 of the regiment attends the ballgame, guests of the Travelers, the Memphis opposition confusing the game in the first inning as much "booting" of the ball would seem to indicate, all to the profit of the home town team.

July 10th. In passing this day we essay a number of ventures, none of which we complete. In the evening as guest of the senior instructor, also a summer-time widower, we inspect his foreign acquired curios, as well as some trophies of domestic competition, succeeding in making one of these but a memory henceforth.

July 12th. Among other things we have learned at this camp is that "rebound" chills exist, this knowledge acquired from our able lieutenant, Hodge.

July 14th. Encamped at Forrest City, the annual Peach Festival attracting many visitors. The regiment engaged in more serious business of plotting the defense of this beautiful little city from hostile aircraft, must needs pay more attention to matters military than to affairs carnival. The hardships of war force a return march just as the bathing beauty parade and contest starts and rather miraculously, no desertions are reported. Visiting the Bogarts, finding that C. N. has become a benedict, marveling that Mrs. B. should enter into marriage after having viewed him at work for some years. Dispensing liberally of advice to this young practitioner, which finds naught more than a respectful attention.

July 15th. To our base hospital in Little Rock on an official visit, touring the institution in company with its commanding officer, Lee C. Gammill, furnished with a free Coca-Cola and much conversation, noting Pat Murphey, E. C. Gay, Paul Mahoney, Pirnique and Joe Shuffield at their professional duties before nine in the morning, all of which deserves commendation.

July 20th. Once again the voice of organized medicine is heard; this time 10 of our representatives in the midst of 150 odd (?) proponents of federalized medical care and paternalism. We await the cry of "reactionaries"; "hidebound conservatives" and the like, but cannot but be aware that at least the reformers and uplifters are more eager than ever to provide the people with their idea of an "adequate medical service," an idea in which the experience of organized medicine shall be given no heed. We wonder if the moral is sufficiently plain to all who read. A fight lies ahead, a relentless combat in which we shall have urgent need of the fullest possible cooperation from each individual physician, a challenge is about to be laid at our door which we cannot but accept!

The Kansas City Annual Fall Clinical Conference will be held in Kansas City, Missouri, at the Municipal Auditorium October third to sixth, inclusive. The meeting this year has been dedicated to the principle that the new things in medicine, both good and bad, need a careful objective analysis, and that this meeting is going to devote most of its time to such an analysis.

Every doctor should mark his calendar now, and should plan to be in Kansas City October third.

WOMAN'S AUXILIARY PAGE

MRS. N. B. DANIEL,
Publicity Secretary, 908 Pine Street, Texarkana.

Dr. and Mrs. G. T. Laman of Cave City, were hosts to the Independence County Medical Society and Auxiliary at an informal dinner at the Barnett hotel, Batesville, June 13th. The long L-shaped table was attractively decorated with mixed garden flowers and appropriate favors were bestowed upon guests winning contests between courses.

Following the dinner the Auxiliary met for a business and social hour. Mrs. G. T. Laman, newly-elected president, presided over the business meeting. "Death Dealing Doctors," an interesting article portraying ancient superstitions and practices of the medical profession, was read by Mrs. O. J. T. Johnston. A rising vote of appreciation was given Mrs. F. A. Gray, retiring president for her splendid work of the past year.

Newly installed officers are: President—Mrs. G. T. Laman; Vice-President—Mrs. J. H. Kennerly; Recording Secretary—Mrs. O. J. T. Johnston; Corresponding Secretary—Mrs. J. Joel Monfort; Treasurer—Mrs. C. S. Hinkle.

The following committees have been announced: Program—Mrs. O. J. T. Johnston, Mrs. J. H. Kennerly Mrs. L. T. Evans; Hygeia—Mrs. T. N. Rodman; Finance—Mrs. C. G. Hinkle; Education and Public Health—Mrs. R. C. Dorr; Physical Health Examinations—Mrs. F. A. Gray; Public Relations—Mrs. C. A. Churchill; Memorial—Mrs. O. L. Bone; Constitution and By-Laws—Mrs. Victoria Saylors; Archives—Mrs. Paul H. Jeffery; Loan Fund—Mrs. F. A. Gray, Mrs. R. C. Dorr; Entertainment—Mrs. J. B. Askew; Publicity—Mrs. J. Joel Monfort.

Mrs. C. W. Jones, of Benton, immediate past president of the Woman's Auxiliary to the Arkansas Medical Society has been advised that the Arkansas Auxiliary was awarded the silver trophy for the largest percentage gained in membership the past year. The award was made by Mrs. Sloan of California at the national convention held in San Francisco. The membership percentage is worked out by the national treasurer, and is based on increased membership in the 39 states and the District of Columbia organized as state auxiliaries. The trophy was won by New York last year.

Mrs. W. A. Snodgrass was elected president of the Woman's Auxiliary to the Pulaski County Medical Society for the year 1938-39 at the meeting held April 13th, at the home of Mrs. N. W. Riegler. Officers other than Mrs. Snodgrass are: President-elect, Mrs. Val Parmley; first vice-president, Mrs. N. W. Riegler; second vice-president, Mrs. A. W. Strauss; secretary, Mrs. W. C. Langston; treasurer, Mrs. L. F. Barrier; publicity secretary, Mrs. Estes Allen; historian, Mrs. R. T. Smith; and parliamentarian, Mrs. K. W. Cosgrove. Preceding the reports of the committees and the election of officers, luncheon was served to 43 guests at tables arranged in the dining room, sun parlor and living rooms. Spring flowers were used as decorations. Mrs. Riegler was assisted by the following hostesses: Mrs. Paul Mahoney, Mrs. C. C. Reed, Jr., Mrs. J. P. Sheppard and Mrs. Dan Hardeman. Mrs. Bryce Cummins, retiring president, presided over the business session.

The Woman's Auxiliary to the Pulaski County Medical Society entertained with a dinner dance May 27th at Concordia Country Club. The Rev. Gaston Foote was the guest speaker. Mrs. Randolph Tucker Smith, chairman of the entertainment committee, was assisted by Mrs. D. A. Rhinehart, Mrs. J. K. Donaldson, Mrs. Ewell Sanford, Mrs. W. B. Grayson, Mrs. Paul Fulmer, Mrs. Clyde Rogers and Mrs. Paul Autry. This is the last activity of the year for the auxiliary under Mrs. Bryce Cummins, retiring president.

WILLIE R. ALLEN,
(Mrs. Estes Allen).

On May the sixteenth the Southeast Arkansas Medical Society and Auxiliary were entertained by Dr. and Mrs. C. E. Spivey at a chicken dinner in the dining room of the Rose Inn at Crossett, Ark. As the guests assembled, the Crossett High School Band gave a fifteen minute program of beautiful music. Immediately after the program they were invited into the dining room where covers were laid for sixty guests. The tables were lovely with centerpices of yellow daisies and greenery. The welcome address was made by Mr. L. J. Arnold, manager of the Crossett Lumber Company. The response was given by Dr. S. W. Douglas, of Eudora. Musical numbers were given by members of the band and Mrs. W. Mason sang "The Old Refrain."

After dinners the doctors held their meeting in the dining room where cigars and cigarettes were provided by Dr. Spivey. The ladies were invited to the lovely home of Dr. and Mrs. Spivey for the business meeting. The ladies were then invited to go through the beautiful newly decorated hospital of the Crossett Lumber Company and to see the lovely antiques in the nurses' home.

At a late hour, all left for their homes, feeling greatly indebted to Dr. and Mrs. Spivey for such a pleasant and profitable evening.

MRS. M. C. CRANDALL,
Publicity Chairman.

The Washington County Auxiliary met twice in June. First Tuesday for dinner at Washington Hotel. Fourth Tuesday, afternoon meeting. Good attendance. Worked on hospital supplies for City Hospital. Heard Dr. S. C. Dillinger on Mystic Medicine. He is a grand speaker and we enjoyed his talk.

MRS. PRESTON HATHCOCK, Sr.
Publicity Secretary.

Mrs. Ross Fowler was welcomed as a new member of the Ninth Councilor District Auxiliary at a meeting on June 7th. Mrs. Fowler before her marriage on March 11 was Miss Jacquelin Mallioux of Harrison.

Born to Dr. and Mrs. Henry Kirby of Harrison a seven pound son, Henry Hudson Kirby, at St. Vincents Hospital on April 24th.

Mesdames J. H. Fowler, Ross Fowler, Lloyd Jackson and Ulys Jackson from the Ninth Councilor District Auxiliary attended the state meeting at Texarkana in April.

The Auxiliary to the Ninth Councilor District Medical Society met in semi-annual meeting at Harrison, June 7th with Mrs. Henry Kirby, President, in charge. The meeting was called to order at 2:30 P. M. with 11 members and one guest, Mrs. Will Tipton, of Mountain Home, present. A short business session was held. Mrs. J. H. Fowler was appointed chairman of the program and entertainment committee to be in charge of our December meeting. She will be assisted by Mrs. A. V. Adams and Mrs. L. M. Weast of Yellville. Mrs. J. H. Fowler and Mrs. Ross Fowler each gave a report of the State Auxiliary meeting at Texarkana.

The following program numbers were rendered:

Reading, "Dancing Foot," Virginia Kirby; Piano Solo, Betty Howard Mallard; Piano Solo, Doris Owens; Playlet, Ruth Martin, Virginia Davis and Dorothy Parker; Reading, Ruthie Kay McCoy, three-year-old daughter of Dr. and Mrs. O. B. McCoy.

Ice cream and cookies were then served by Mesdames J. G. Gladden, C. B. McCoy, D. L. Owens, and Lloyd Jackson to all members and visitors. A banquet was given for members of Medical Society and Auxiliary members in the evening.

MRS. ULYS JACKSON,
Publicity Secretary.

BOOK REVIEWS

New and Nonofficial Remedies, 1938. Containing descriptions of the Articles Which Stand Accepted by the Council on Pharmacy and Chemistry of the American Medical Association on January 1, 1938. Cloth. Price, $1.50. Pp. 592, LXVI, Chicago: American Medical Association, 1938.

In this book the Council on Pharmacy and Chemistry lists and describes the medicinal preparations that it has found acceptable for general use by the medical profession. A glance at the list of the Council members and the long list of consultants appearing in the first part of the book gives ample warrant for the authority of the Council's selections.

New substances described in this volume are Sulfanilamide and Protamine Zinc Insulin, with the accepted brands. The proved value of these new additions to the physician's armamentarium bids fair to make the past year a milestone in therapeutic progress. The Council is to be congratulated on the promptness with which it evaluated these drugs and established standards for their adequate control. From the first the Council warned against using Sulfanilamide in untried combinations. The sad tragedy of the deaths from the rashly introduced Elixir of Sulfanilamide-Massengill starkly emphasizes the value of such a body as the Council to the medical profession and the pharmaceutical manufacturers as well as to the public. Of course this potential value cannot become effective as long as those concerned refuse to follow the Council in the use of new remedies.

Other noteworthy new drugs which appear in New and Nonofficial Remedies 1938 are Avertin with Amylene Hydrate, Vinethene, Pontocaine Hydrochloride, basal, general and local anesthetics respective; Novatropine and Syntropan, synthetic mydriatics.

Physicians who wish to know why a given proprietary is not described in New and Nonofficial Remedies will find the "Bibliographical Index to Proprietary and Unofficial Articles Not Included in N. N. R." of much value. In this section (in the back of the book) are given references to published articles dealing with preparations that have not been accepted. These include references to the Reports of the Council, to Reports of the A. M. A. Chemical Laboratory and to articles that have appeared in THE JOURNAL.

The Heart in Pregnancy. By Julius Jensen, Ph.D. (Med.), M. R. C. S.; L. R. C. P. Assistant Professor of Clinical Medicine, Washington University School of Medicine; Assistant Physician to Barnes Hospital; Physician to St. Louis Maternity Hospital and St. Louis City Hospital. St. Louis: The C. V. Mosby Company, 1938. Price $5.50.

There are possibly no circumstances under which heart disease is regarded with greater apprehension than in the puerperal state. In this book Dr. Jensen has compiled the work and opinions of student in this field for the past century and analyzed them in the light of his own extensive experience.

Even among competent observers there has been a wide divergence of opinion on the subject. Pregnancy constitutes a burden on the cardiovascular system which offers opportunity to study the normal heart under a load not easily duplicated under other circumstances. Analysis of the physiological responses to this increased work in the normal individual throws considerable light on the prospective ability or failure of the affected heart to cope successfully with this burden.

This volume discusses intelligently the normal variations in pulse, blood pressure, heart sounds, murmurs, rhythm and heart size which so frequently occur in pregnacy. A very earnest attempt is made to acquaint the reader with the significant abnormalities which may indicate trouble. Prognosis of course is difficult and in the final analysis is based on an estimate of the functional ability of the heart. The author concludes that the only sound criterion for interruption of pregnancy is heart failure which does not respond to treatment.

The book is particularly worth while to those interested either in heart disease or in obstetrics.

A Synopsis of the Diagnosis of the Acute Surgical Diseases of the Abdomen. By John A. Hardy, B. Sc., M. D., F. A. C. S., El Paso, Texas. Pp. 345. 92 illustrations. Price $4.50. Saint Louis: C. V. Mosby Company, 1938.

This is a thorough and complete guide for quick reference to many acute abdominal conditions. The book is well arranged and illustrated, covering practically every phase from anatomy to important differential signs and symptoms, as well as helpful information on laboratory examinations. The book impresses me mostly for its thoroughness in physical signs and symptoms and for the important signs and symptoms in the differentiation of obscure abdominal conditions.

Pneumonia and Serum Therapy. By Frederick T. Lord, M. D., Clinical Professor of Medicine, Emeritus, Harvard Medical School; Members of Massachusetts Advisory Committee On Pneumonia 1931-35, etc. Published by the Commonwealth Fund, New York. Price $1.00.

With the extension of knowledge of the serum treatment of pneumonia, a book like this comes to have much value and should be in the possession of every physician who is called upon to treat pneumonia. The author is enthusiastic over the posibilities of proper serum therapy, especially in Type I cases.

Annual Reprint of the Reports of the Council on Pharmacy and Chemistry of the American Medical Association for 1937, with the Comments That have appeared in The Journal. Cloth. Price, $1.00. Pp 201. Chicago: American Medical Association.

This book is a great deal more than a mere record of the negative actions of the Council on Pharmacy and Chemistry. It gives in full the reasons for the Council's rejection of various investigations of new medicinal agents not yet out of the experimental stage, and frequently contains reports on general questions concerned with the advance of rational drug therapy. All three categories of reports are represented in the present volume.

This issue of the Reports is remarkable for the series of valuable status and preliminary reports published by the Council in the past year. These include the reports on Avertin with Amylene Hydrate (now accepted for New and Nonofficial Remedies), Benzedrine Sulfate (the active constituent of the notorious "pep" pills but a promising drug when its limitations are recognized), Catgut Sutures (a survey of the sterility of the market supply), Evipal Soluble (a comprehensive review of the evidence for the usefulness and limitations of the drug), Histidine Hydrochloride (a study of the usefulness of the drug in peptic ulcer, to be considered in connection with the report rejecting Larostidin, a proprietary brand, for unwarranted and exaggerated claims), Mandelic Acid (an authoritative statement of the limitations of this drug which the Council has now accepted), and Vinethene (a careful study of the evidence for the drug, which the Council has accepted for one year as an anesthetic to be used in short procdures).

Other notable reports of outright rejection of products are those on Causalin (Causyth), an unsafe and dangerous preparation proposed for use in arthritis; Glutamic Acid Hydrochloride-Calco, proposed as a conveyor of hydrochloric acid, with unsubstantiated claims of clinical effectiveness; Larodon "Roche", proposed as substitute for other well established analgesic and antipyretic drugs and marketed with exaggerated and unwarranted claims.

Two reports on Sulfanilamide appear, a nomenclature and status report together with reprints of THE JOURNAL editorials giving the warnings which, if obeyed, would have avoided the series of deaths which resulted from the marketing of the ill-fated Elixir of Sulfanilamide-Massengill.

At the end of this volume appears an eulogy of George Henry Simmons whose death deprived the Council on Pharmacy and Chemistry of its founder and American medicine of a worthy and faithful servant.

The 1937 Year Book of General Surgery. Edited by Evarts A. Graham, A. B., M. D., Professor of Surgery, Washington University School of Medicine; Surgeon in Chief of the Barnes Hospital, and the Children's Hospital, St. Louis. Pp. 837. 335 illustrations. Price $3.00. Chicago: The Year Book Publishers. 1938.

This book is a veritable abstract of surgical literature with special emphasis on the strong points of various procedures together with the dangers and pitfalls of others. This resume is made more valuable because of the editor's vast experience and judgment which can be clearly seen in conclusions reached. The first chapter deals with anesthesia and analgesia, with special attention to comparative advantages and disadvantages of various agents used. The chest and contents with many pathological conditions are discussed clearly showing the outstanding work of the editor. The section on abdominal surgery alone is a worthwhile resume in abstract form covering the rare and common conditions with the latest recognized treatment. The appendix deals with the history of the injection treatment of hernias.

Essentials of Obstetrical and Gynecological Pathology. By Marion Douglass, M. D., Assistant Professor of Gynecology, Western Reserve University, and Robert Faulkner, M. D., Senior Clinical Instructor in Gynecology, Western Reserve University. Pp. 160. 148 illustrations. St. Louis: C. V. Mosby Company, 1938.

This book is the result of teaching internes the histological and pathological conditions peculiar to women. It was printed in order to more easily keep the numerous illustrations and to act as an adjunct to the active teaching. Along with each illustration there is a short description of the common obstetrical and gynecological conditions. The material itself is wonderfully arranged, beginning with the conditions of the lower productive tract and proceeding upward. It is my opinion that the book is excellent both for teaching internes and for quick reviewing of the pathology of the specialty.

Workbook in Elementary Diagnosis for Teaching Clinical History Recording and Physician Diagnosis. By Logan Clendening, M. D., Professor of Clinical Medicine, University of Kansas. Pp. 167. Illustrated. Price $1.50. Saint Louis: C. V. Mosby Company, 1938.

This is a most practical treatise on the history and physical examination, primarily for medical students, but actively practicing physicians can profitably make use of the information which it contains. The system of physical examination of the various parts of the body is adequately described. In the discussion, original authors as McBurney, Laennec, Flint, and others are quoted. This is an excellent workbook and well serves the medical student.

The Romance of Proctology. By Charles Elton Blanchard, M. D. Pp. 284. Price $4.50. Youngstown, Ohio: Medical Success Press, 1938.

This book has two hundred eighty-four pages and contains a few pictures of various doctors. It takes up the various stages in the development of the field of proctology and is a book one would like to read from a standpoint of history. From a scientific standpoint this book would not be of any value to the general practitioner.

Clinical Roentgen Therapy. Edited by Ernst A. Pohle, M. A., Ph. D., F. A. C. R., Professor of Radiology, Chairman, Department of Radiology and Physical Therapy, University of Wisconsin, Madison. 17 contributors. Pp. 819. 199 illustrations and one colored plate. Price $10.00. Philadelphia: Lea and Febiger, 1938.

The first comprehensive text on roentgen therapy, this volume appears with a distinguished list of colloborators, well-known as authorities in this field. The knowledge of roentgen therapy as accumulated to date is adequately presented. As a guide in the application of roentgen irradiation, the radiologist will find this a most valuable work for study and reference.

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THE SYMPTOMS, DIAGNOSIS AND TREATMENT OF CANCER OF THE STOMACH*†

J. SHELTON HORSLEY, M. D.
Richmond, Virginia.

The chief captain of the men of death in cancer is cancer of the stomach. It is estimated that last year there were about 150,000 deaths from cancer in the United States. Statistics do not show accurately the proportion of these deaths from cancer of the stomach because in many communities in which there are few necropsies it is highly probable that the deaths of those who really die from cancer of the stomach are often attributed to other causes. Eusterman (quoted by Wilbur, D. L., Carcinoma of the Stomach in Patients Less than 40 Years of Age. Proc. Staff Meeting, Mayo Clinic, 8:609, 1933) estimates that about one-third of all deaths from malignancies are from cancer of the stomach.

It is generally acknowledged that the only cure for gastric cancer is excision. Except in lymphosarcoma irradiation has but little if any beneficial effect upon gastric malignancy. The point is that the diagnosis must be made early, and this depends upon two things: (1), the education of the public, and (2), the promptness of action of the general practitioner. Many cases are inoperable when first seen by the surgeon. The pity of it is that if they had come earlier an operation would have given an excellent chance of cure. The education of the public has aided in securing an early diagnosis of cancer in many regions, as in cancer of the colon, and it should also be helpful in cancer of the stomach.

Sir James MacKenzie's chief work in the latter years of his life was devoted to the study and recognition of the early symptoms of disease. We must glorify what often seems a casual and immaterial symptom or sign in order to find a clue to something that may prove to be malignancy.

The symptoms of cancer of the stomach are not pathognomonic. When the diagnosis is obvious, frequently it is too late for a cure. The symptoms given in most of the textbooks are often confusing and sometimes actually misleading in making a diagnosis. Gaither (Gaither, E. H., Gastric Carcinoma: A Clinical Research. Preoperative Course and Postoperative Results. Sou. Med. Jour. 28:107, 1935) has given an excellent analysis of 245 cases of gastric carcinoma demonstrated by operation and treatment at Johns Hopkins Hospital during a period of ten years. The symptoms are not infrequently remittent or intermittent, just as in peptic ulcer, and the fact that they sometimes entirely disappear is by no means an assurance that the lesion is benign. Among other fallacies, according to Gaither, are the following: "(a) local gastric symptoms, loss of appetite, cardialgia, eructation, pyrosis, nausea, vomiting, pain, distention, and variable types of discomfort are no worse in beginning carcinoma than in other gastric disease. (b) A latent stage is possible, during which time the process advances very slowly, with an utter absence of symptoms. (c) A general marasmus, or a variable anemia, may occur, with the gastric symptoms so wholly in abeyance as to be quite unrecognizable. (d) A beginning carcinoma may progress without definite symptoms; again, it is marked by ulcer symptoms, or symptoms of chronic gastric catarrh."

Cancer of the stomach is often supposed to be accompanied by pain. If the cancer is in the so-called "silent" area of the stomach, that is, along the greater curvature to the left of the insicura or in the cardiac portion of the stomach, there are no symptoms whatever unless there is bleeding, obstruction or perforation. Fortunately, however, the majority of cases of cancer of the stomach appear near the pylorus or in the main portion of the body of the stomach, and here symptoms of indigestion, "waterbrash," "heartburn," discomfort, nausea

* Read before the Sixty-third Annual Session of the Arkansas Medical Society, Texarkana, April 18, 1938.

† From the Surgical Department of St. Elizabeth's Hospital, Richmond, Virginia.

or vomiting may often occur months before the lesion becomes very far advanced. Pain when present may vary. It may be sharp and cramp-like, or a boring, gnawing pain. Or there may be only a moderate discomfort. It is usually in the upper epigastric region. The pain may be intermittent pain relieved by food, or it may be continuous. When intermittent pain relieved by food gradually becomes continuous it is supposed to be suggestive of cancer of the stomach, but this symptom may also be found in a benign peptic ulcer that has slowly perforated and has formed adhesions around it.

There is a marked difference in symptoms in different patients caused by the same lesion. Libman (Libman, E. Observations on Individual Sensitiveness to Pain. J. A. M. A., 102:335, 1934) has called attention to this. Thus, in the hyposensitive, either no symptoms may result from a gastric lesion that would cause marked indigestion in the hypersensitive, or there may be substituted symptoms referred, for example, to the chest. Anorexia may be frequent, but it is by no means present in all cases. In the early stages of gastric carcinoma, the appetite may be quite variable, and the patient may actually gain weight. Nausea and vomiting are common, although often there is no vomiting until late in the disease unless obstruction exists. Lesions along the greater curvature particularly may be unaccompanied by vomiting throughout the course of the disease. The vomiting of blood is infrequent in cancer of the stomach. Probably not more than 5 per cent of cases of gastric cancer actually vomit blood in any considerable amount, whereas in 20 per cent of peptic ulcers there is distinct hematemesis or melena. Occasionally, however, vomiting of a small amount of coffee-ground-like material occurs but even this is not as common in gastric cancer as it is supposed to be. A much more common sign is occult blood in the stool which can be determined by the guaiac or benzidine test after a three-day meat-free diet, or the string test of Einhorn may show blood.

Only about 50 per cent of gastric cancers have decided ulceration. Tarry stools are rather infrequent, but occult blood may be found in many cases in which neither hematemesis nor tarry stools are obvious. Loss of weight is common, but it should not be too much emphasized, since it is usually a late symptom. Anemia is often present, although this, too, may be a late symptom. However, it may arise from a large fungating cancer of a colloid type and low grade of malignancy or from a malignant polyp, and does not necessarily indicate that the disease is inoperable.

Examination of the gastric contents may be suggestive but it must not be too greatly valued. Most cancers of the stomach, particularly if well advanced, show achlorhydria or at least a diminished amount of acid in the gastric juice and this finding along with clinical symptoms suggesting gastric cancer must be given full weight. There are, however, two conditions that must be considered in connection with this. The first is that achlorhydria is more common than it was formerly supposed to be, and seems to increase with advancing years. It is difficult to imagine that millions of cells in the stomach whose chief function is to secrete acid can remain entirely functionless indefinitely without some histologic lesion, though in many cases of achlorhydria in patients who die of something else microscopic examination shows but little if any alteration of the gastric structure. Achlorhydria may be a sequence of a low-grade chronic gastritis, which in itself from irritation may favor cancer. Indeed, Hurst believes that gastritis is the precursor of cancer in about 75 per cent of the cases (from Comfort, M. W., and Butsch, W. L.: Proc. Staff Meetings, Mayo Clinic, 13:151-154, March 9, 1938).

The second consideration is that while it is well known that duodenal ulcers are more likely to be accompanied by increased acid in the gastric juice than gastric ulcers, early gastric cancer often does not materially disturb the ratio of acid in the stomach any more than would a gastric peptic ulcer. More cases are being reported of cancer of the stomach in patients who had pernicious anemia, a disease distinguished by the absence of hydrochloric acid in the gastric juice. On the other hand, I have had several patients with advanced cancer of the stomach whose gastric juice showed very high values of hydrochloric acid.

Occasionally when there is a low-lying stomach and the cancer is in the pyloric end, the growth may be palpated in a fairly early stage, though often when a cancer of the stomach is distinctly palpable it is too far advanced for excision. There are, however, distinct exceptions to this rule. The occasional type of mucoid or so-called colloid cancer, which usually is not a very virulent malignancy, may be limited to the stomach when it has assumed a considerable mass, and may still be operable. In a series of necropsies, Dr. Margaret Warwick (Warwick, Margaret, Analysis of One Hundred and Seventy-Six Cases of Carcinoma of the Stomach Sub-

mitted to Autopsy. Ann. Surg., 38:216, August, 1928) has called attention to the fact that in 25 per cent of the necropsies the cancer was still limited to the stomach, whereas in the total deaths in a larger series of gastric cancers of Saltzstein and Sandweiss (Saltzstein, Harry C., and Sandweiss, David J. The Problem of Cancer of the Stomach. Arch. Surg., pp. 113-127, July, 1930) only 7.7 per cent had undergone a partial gastrectomy. This shows undoubtedly that many cases of cancer are permitted to go to their death that might have been given some chance by a properly performed gastrectomy.

Finally, by all means, the most helpful aid in diagnosis of malignancy of the stomach is roentgenology. This examination should be done by one who is skilled in roentgenologic diagnosis of the gastro-intestinal tract, for a half-baked roentgenologic diagnosis on the stomach or colon is worse than none at all. This method of diagnosis is reaching a stage of high efficiency. It must be recalled that when a decided filling defect is found in the stomach the cancer is already far advanced. A punch-like defect that is supposed to be characteristic of benign ulcer in the stomach has been found not infrequently to be caused by cancer, and occasionally a filling defect from a cancerous ulcer may appear partly to fill up on subsequent X-ray examinations. Then, too, it is quite possible to have both a benign duodenal ulcer and a cancerous ulcer of the stomach existing in the same patient. All of these different factors must be borne in mind.

Practically all defects along the greater curvature that can be demonstrated by X-ray are malignant, and many of the ulcers along the pyloric canal are also cancerous. The benign gastric ulcers are more likely to occur along the lesser curvature in the middle of the body of the stomach and up to the pyloric canal, which is about an inch from the pyloric sphincter. Ulcers within the grasp of the pyloric sphincter are usually benign but they may be malignant. We should always suspect that prepyloric ulcer may be cancerous.

The use of the gastroscope in diagnosis of cancer of the stomach may occasionally be helpful, particularly if the cancer is in the cardiac portion of the stomach.

The practical point about an early diagnosis of cancer of the stomach is to educate the people that they must apply to the family physician concerning any continuous symptom of indigestion, and the general practitioner should be cautioned to take these symptoms seriously. In no other way can cancer of the stomach be recognized in its early stages. Thomas Scholz, of New York (Scholz, Thomas. Curriculum Vitae of Two Gastric Cancers. Am. Jour. of Cancer, 18:834-851, August, 1933) reports two cases which were diagnosed as cancer of the stomach, one two and a half years and the other three and a half years before they came to an operation. At operation the lesion was too extensive for resection, but the patients were apparently in good health when the diagnosis was first made. Because of the apparent good health and well-being it was difficult for the patient and for the attending physician to accept the diagnosis at a time when the lesion was operable and there was an excellent chance for cure by excision. Dr. Scholz says: "The practitioner must, therefore, realize that X-ray examination furnishes him a means of obtaining a diagnosis in practically every instance at a sufficiently early stage to make recovery possible by a timely operation. But to save the patient's life he must order the X-ray examination early and not late in the disease. It is still a common experience, in fact it seems to be the rule, that patients are treated for digestive disturbances for months and even years without previous roentgen examinations, and that the latter is ordered only after clinical evidence of gastric malignancy has appeared, just for confirmation. Not infrequently great pride is felt in such a confirmation. It apparently is not yet fully grasped that such an attitude is nothing to be proud of. On the contrary, it should be recognized that such a delay in the use of roentgenology is the worst service the physician can possibly render his patient, because thereby he robs him of the only chance of recovery, as a late X-ray examination is quite as useless as a late clinical diagnosis."

Men are more prone to cancer of the stomach than women, though in my own personal experience the ratio is not so great as that quoted in other clinics of about four or five men to one woman.

In order to make an early diagnosis, which is essential to successful treatment, any patient over 35 years of age, and particularly a man, who has gastric symptoms should be treated by a general practitoner for a few weeks, and if the cause of these symptoms can be ascertained and corrected by treatment, nothing further need be done. But if the cause of these symptoms cannot be ascertained and corrected the patient should be given a thorough roentgen-

ologic study. It must be recalled that the classic symptoms of coffe-ground vomiting, loss of weight, the palpation of a mass in the epigastric region, and the demonstration of Virchow's glands in the neck, are often terminal symptoms. The earlier the diagnosis is made, usually the more difficult it is. If, then, we can adopt this policy of an early thorough examination as has been outlined, the great majority of these patients will prove to have either a nervous condition or some extra-gastric cause for their symptoms which can be relieved, but every now and then a case of gastric cancer will be picked up that would otherwise be missed. I have seen patients with inoperable cancer of the stomach that have been treated for "nervous indigestion" for many months or years. It is true that there is a considerable proportion of cases in which the malignancy develops along the "silent" area and nothing can be done because there are no symptoms until the disease is too far advanced for treatment, but it is equally true that the majority of cases of cancer are located either in the pyloric end of the stomach or in the main body of the stomach which is readily susceptible to partial gastrectomy. The fact that the location of a minority of gastric malignancies prevents their early recognition is not a sufficient justification for neglecting the early diagnosis of the majority of the cases that may be capable of recognition.

It is important to emphasize that practically all early gastric cancers are relieved of symptoms for a while by the medical treatment for peptic ulcer. The fallacy that relief of gastric symptoms by medical treatment and diet is a therapeutic test that demonstrates the lesion is benign has been responsible for many deaths in permitting patients to delay operation.

TREATMENT

The treatment may be to some extent preventative because it is undoubtedly true that some cancers of the stomach spring from benign peptic ulcers and from benign polyps. The proportion of peptic ulcers that become cancerous is a moot question, some placing it as high as 25 to 30 per cent, and others as low as 1 or 2 per cent, but that there are such well authenticated cases is not doubted by any one who has seriously studied this subject. In a recent excellent article on this subject Scott and Mider (Scott, W. J. Merle, and Mider, G. Burroughs. Malignancy in the Chronic Gastric Ulcer. Am. Jour. Surg., 40:43, April, 1938) say "It is, in our opinion, a conservative estimate that, when the incidence is determined in this manner, 10 to 20 per cent of the chronic ulcers of the stomach without definite criteria of malignancy prove eventually to be or to become malignant." It is also well known that adenomatous polyps of the stomach become cancerous. While some portions of a polyp may be benign in structure, other regions may show malignant cells—the so-called **carcinoma in situ** of Broders. Thus, McRoberts (McRoberts, J. W. Gastric Polyps. Proc. Staff Meet., Mayo Clin., 8:685, 1933) reports five cases of gastric polyp removed at operation in which careful histologic examination showed that four contained definite cancerous tissue. In one case in which three apparently benign polyps were removed by excision with the cautery, the patient returned six and a half years later with gastric carcinoma that was inoperable.

If the lesion proves to be a duodenal ulcer, it may be treated indefinitely by medical means, because here malignant degeneration is rare, but if it is a gastric ulcer the case should be observed with the greatest of caution. It must be borne in mind that occasionally a duodenal ulcer may exist in conjunction with a gastric ulcer that may be cancerous, yet the symptoms of the duodenal ulcer may dominate. Rivers and Dry, of the Medical Department of the Mayo Clinic (Rivers, A. B., and Dry, T. J. Differentiation of Benign and Malignant Gastric Ulcers. Ach. Surg., 30:702, 1935) say "It seems to us that unless contra-indications are present it is usually safer to treat gastric ulcers surgically." A noted medical gastro-enterologist, Dr. William Gerry Morgan, (Morgan, W. G., The End Results of Treatment for Peptic Ulcer. South. M. J., 25:256, 1932) believes that all cases of gastric peptic ulcer are surgical cases for immediate operation. This doubtless is the safest attitude in the long run, but if the ulcer is small it would seem justifiable to give medical treatment for a few weeks.

Whether a cancer of the stomach results from a peptic ulcer, or whether it is from the beginning and ulcerating cancer, makes very little clinical difference, since both are cancerous and should be treated alike. If we are reasonably sure that the disease is cancer, of course, there is no occasion for hesitation.

Naturally, preventive treatment of cancer of the stomach consists of removal of lesions that are probably pre-cancerous, such as polyps and gastric ulcers, unless the ulcer responds very readily to medical treatment.

A partial gastrectomy, which is indicated when the growth is confined to the right portion of the stomach, should be preceded by a few days preliminary treatment. This consists in gastric lavage; in correcting dehydration, and, if there is marked anemia, in transfusion of blood. An important feature in the preliminary treatment is the administration of dilute hydrochloric acid, an excellent physiologic antiseptic, and which was first suggested for these cases by a member of our staff, Dr. W. H. Higgins. It adds to the safety of the operation by decreasing the chances of peritonitis.

An intraperitoneal vaccine may also be used to great advantage in preventing peritonitis. We prefer the vaccine of Steinberg, in which the killed colon bacillus is suspended in a solution of gum tragacanth and salt solution.

The selection of the anesthetic is important, because most of these patients are elderly and have low resistance. In patients over 60 years of age I prefer local anesthesia, after giving them a full dose of morphine and atrophine, or of hyoscine, morphine and cactine. When the peritoneal cavity is opened the retroperitoneal tissues are infiltrated with the novocain solution.

It is well in these cases to give intravenous dextrose in Ringer's solution, but if there is some arteriosclerosis this must be administered with care. Usually an intravenous cannula is inserted at the beginning of the operation, and the solution instilled according to the blood pressure. If the operation is prolonged and the patient's condition is not satisfactory, a transfusion of blood at the end of the operation is indicated.

In many cases, the modification of the Billroth I operation of partial gastrectomy which I have been using for fourteen years can be adopted. This offers many advantages over the Billroth II or Polya type. It permits a direct union between the stomach and duodenum, which is the physiological condition. The lesser curvature of the stomach is fixed to the upper border of the duodenum, thus preserving the lesser curvature which initiates peristalsis in its normal relation to the duodenum. The duodenum is flared open and not infrequently an end-to-end union can be made, but if not, the redundant lower portion of the gastric stump is easily infolded. If the cardiac stump is lifted up and the adhesions which bind it are severed, or the gastric artery is divided, it will be found that the cardiac stump can be approximated to the duodenum much more frequently than is usually supposed.

As is well known, the intestinal mucosa increases in its sensitiveness to the gastric juice with its distance from the pylorus. While in cancer the secretion of acid is frequently low or absent, it may be resumed after removing the lesion, and there is always a possibility of jejunal ulcer. This has actually happened in a case of gastric cancer reported by Dr. Fordyce B. St. John, of New York, when a jejunal ulcer followed a resection by the Billroth II type of operation and the patient succumbed. (St. John, F. B., Whipple, A. O., and Raiford, T. S. Treatment of Carcinoma of the Stomach; Summary of Results. Am. J. Surg., 3:246, Feb. 1936).

When this type of operation is impossible, the Hofmeister operation, in which only the lower portion of the gastric stump is united to the jejunum, seems advisable.

In linitis plastica, or when much of the cardiac end of the stomach is involved, a total gastrectomy may be indicated. While such an extensive operation necessary has a limited field, the improvement in the technic makes it more worthy of consideration. A long loop of jejunum is sutured to the posterior wall of the esophagus before the stomach is removed, the stomach is then cut away, and the union is completed. It seems better to unite the stump of the duodenum to the right side of the loop of jejunum, rather than close the duodenum. An enteroanastomosis is made between the lower limps of the jejunal loop, and below this a jejunostomy with a mushroom catheter according to the method of Hendon is established, which is quickly done and is very satisfactory, particularly for feeding.

In cases in which the cancer involves the pyloric end of the stomach but is distinctly inoperable, a type of Devine operation may be done, or a modification as adopted by Pack, of the Memorial Hospital in New York, in which the stomach is divided and complete rest is given to the pyloric end of the stomach, the site of the cancer.

Gastro-enterostomy has but little if any place in the therapy of gastric cancer. When a large fungating mass exists in the pyloric portion of the stomach, a partial gastrectomy by the modification of the Billroth I method described may give much comfort and prolong life, even if there are small metastases outside of the stomach that cannot be removed.

SUMMARY

The important point in cancer of the stomach is early diagnosis. Trivial symptoms of indigestion developing in those over thirty years of age, especially men, should be considered seriously and not casually, and the cause of these symptoms should be definitely ascertained.

Surgical excision is the only satisfactory treatment for cancer of the stomach. An operative technic should be employed which will radically remove the lesion and restore the gastro-intestinal tract as nearly as possible to its physiologic normal.

RESOLUTION

Whereas, In the death of Dr. H. D. Wood, of Fayetteville, the Washington County Medical Society, the Arkansas Medical Society, and the American Medical Association have lost one of their most valued members, and

Whereas, This kind and noble character leaves behind him many patients and friends to whom he had administered unstintingly of his services, and

Whereas, Dr. Wood leaves behind him as his monument a method of treating fractures which will carry his memory into the years,

Therefore, Be It Resolved, That the Washington County Medical Society stands in his honor and mourns his passing.

Be it further Resolved, That a copy of this resolution be spread upon the minutes of the Washington County Medical Society, that a copy of same be sent to the Secretary of Arkansas Medical Society, and that a copy be furnished to Dr. Wood's Family.

Signed,

E. F. ELLIS,
ALFRED HATHCOCK,
FOUNT RICHARDSON.

COMING MEDICAL MEETINGS

Tenth Councilor District Medical Society, Fort Smith, September 20th.

Kansas City Annual Fall Clinical Conference, Kansas City, October 3-6th.

Fifth Councilor District Medical Society, Camden, October 6th.

Second Councilor District Medical Society, Batesville, October 10th.

Tri-State Medical Society, Texarkana, October 26-27th.

Inter-State Postgraduate Medical Association of North America, Philadelphia, October 31st-November 4th.

Ninth Councilor District Medical Society, Harrison, December 6th.

Conference of County Health Officers, Little Rock, December 5th-6th.

FACTORS RELATING TO TREATMENT OF THE CERVIX UTERI

GLENN H. JOHNSON, M. D., F. A. C. S.
Little Rock.

This plan is used in all cases of cervical carcinoma treated at the University of Arkansas School of Medicine through the Isaac Folsom Clinic as well as in private practice. It follows closely the technique used at the Josephine Lendrim Tumor Clinic of the Paterson General Hospital in Paterson, New Jersey and Tumor Clinics in the Yale School of Medicine. The general scheme, that is, technique, type of radium applicators, and general arrangement of the radium, was developed and introduced into these clinics by Dr. George T. Pack, of New York.

The majority of carcinoma of the cervix (97%) are of the epidermoid type, histologically graded as squamous, plexiform and anaplastic; the other 3% are adeno-carcinoma, though some of these may have originated in the corpus. The selection of the radio-therapeutic procedure depends more on the stage or extent than on the histologic structure of the tumor. In consideration the classification adopted is the one formulated by the Radiologic Subdivision of the Cancer Commission of the League of Nations.

Stage 1:—The carcinoma is limited entirely to the cervix. . The uterus is movable and no paracervical induration is detectable. Stage 2:—The carcinoma has extended to involve the fornices slightly, with or without some induration of the paracervical tissues. The uterus has some degree of mobility and the stage is one of border-line operability. Stage 3:—The uterus is partly or completely fixed, with induration of the parametrium on one or on both sides, or there is involvement of a considerable portion of the vagina, though the uterus is movable. Stage 4:—The cancer has invaded the adjacent viscera, involves most of the vagina and has metastized beyond control. It is incurable.

The radical pan-hysterectomy (Wertheim) can be done only for cervical cancers in stage one, but even in this early stage the results of surgery are not better than when radiation therapy is employed. There are few gynecological surgeons trained to do this formidable operation, of which the morbidity and mortality are considerable; on the other hand, radiation therapy is so well planned, standardized, easy to execute and free from danger, that it permits a more general usage. Surgical treatment is absolutely

indicated in those cases of cancer of the cervix in which radium therapy is inefficient and dangerous.

It is considered to be inefficient when the cancer is known to be radio-resistant, as when an operable cancer has been treated by radium therapy and has proved radio-resistant, so that more irradiation might cause radio necrosis. In such a case hysterectomy is the last possible method of treatment. Radium therapy is often insufficient for a cancer which is very feebly radio sensitive, such as adeno-carcinoma. The utero-vaginal method of applying radium is inefficient when a malformation of the uterus (atresia irreducible flexion) or of the vagina (congenital or cicatrical stenosis) will not permit the typical and correct technique. In such conditions, if cancer is operable, it is best to practice hysterectomy and reserve X-ray therapy as a resource against recurrence. Radiation therapy is dangerous when the cancer is complicated by adnexal inflamation. One may attempt to suppress the inflamatory process and, if insufficiently successful may later attempt surgical removal followed by irradiation. Before either radium or roentgen therapy is given, the possibility of latent or chronic pelvic inflammatory disease should be ruled out. Irradiation under such circumstances is fraught with many dangerous complications such as salpingitis, pelvic phlegmon, peritonitis, and septicemia. These accidents seldom occur if the vaginal flora is free from streptococci.

A cervical carcinoma in stage four is not suitable for any form of treatment unless it be said that some slight relief of pain, checking of hemorrhage, and the profuse, disagreeable discharge and prolonging of life to some extent might be effected. Any treatment in this stage can only be considered palliative. All cervical lesions in stages one, two, and three are treated by irradiation alone; the dose and technique are essentially the same for all three stages, as the maximal doses of radiation are always employed.

The greatest recent advances in the treatment of cervical cancer have followed the adoption of some type of fractionated prolonged roentgen therapy. My method in the majority of cases is to use radium before turning these patients to the department of roentgenology. In some of the advanced cases, however, more satisfactory results are obtained by using the series of X-ray treatments first, following with the application of radium. Multiple pelvic portals are treated over a period of about three weeks, several ports being treated each day, alternating around the pelvis until each port receives a maximum amount. These measures have enabled the roentgenologists to give a larger depth or tissue dose to the cancer and the intervening normal tissue, on which successful radiation therapy depends. The bulky, papillary cancer may regress almost completely after the cycle of roentgen treatments so that the subsequent radium therapy is considerably simplified. If it does not diminish greatly, it is my practice to excise some part of the growth by an electro-surgical wire loop. This avascular procedure has certain advantages to commend it; it removes the infected sloughing portion of the tumor; it permits the intra-uterine radium tandem to be placed in closer approximation to the base of tumor and thus delivers a more effective dose, and finally it lessens the dose of intra-vaginal irradiation to be directed against the cervix.

The most important step in the treatment of carcinoma of the cervix is the insertion of an intra-uterine (and intra-cervical) tandem of radium capsules. The depth of the uterine cavity is measured by a sound in order to plan the length of the rubber tube containing the radium. It is most essential for the entire length of the uterine cavity to be filled with radium capsules in tandem, otherwise the fundus will not scar and contract later, in which event pyometra may result. The cervix is then dilated and the tandem of radium capsules introduced. The filter of the intra-uterine capsules is 1 mm. of platinum. There are usually two capsules, a lower one in the cervical canal and an upper one in the fundal cavity. I would like to state here that my radium is all in the form of the 3.33 mgm. platinum cells, the strength of the capsules then depending upon the number of these cells placed within the capsule which is usually four or eight, making the capsules uniformly of the strength 13 1/3 mgm. and 26 2/3 respectively. The cervical capsule or tube contains eight of the unit cells of 3 1/3 mgm. each (26 2/3 mgm.) and the capsule or screen in the uterus contains only four of these cells (13 1/3 mgm.). Thus it is planned for the cervix to receive twice the dose that is given to the corpus uteri.

The vaginal radium applicator to fit against the cervix to irradiate it and the parametrium is known as the Curie colpostat. It consists of two rubber cylinders mounted on a flexible steel strip covered by rubber tubing. Each cylinder is 1.5 cm. broad and 2.5 cm. long, so that with

the radium-containing capsule within its interior more than .5 cm. wall of rubber is left on either side. After the radium-containing capsules are placed in these cylinders thick rubber plugs are inserted into the open ends. The apparatus is introduced into the vaginal fornices through a specially designed bi-valve speculum and is so directed that only the ends of the capsules are toward the rectum and bladder, the broad radiating surfaces facing the cervix and parametrial tissues. An additional loose radium-bearing cylinder is then adjusted within the concavity of the colpostat fitting directly in front of the cervix. Further attempt to prevent undue irradiation of the bladder and rectum is then made by packing the anterior and posterior vaginal fornices tightly with gauze. This pushes these labile organs as far away as possible from the source of radiation and tends to prevent or minimize ulceration and the formation of fistulae. If the uterine canal is impermeable, the treatment is made at two successive times, the vaginal application first (colpostat) and the uterine application later, after regression of the neoplasm has disengaged the canal. (Fig. 1.)

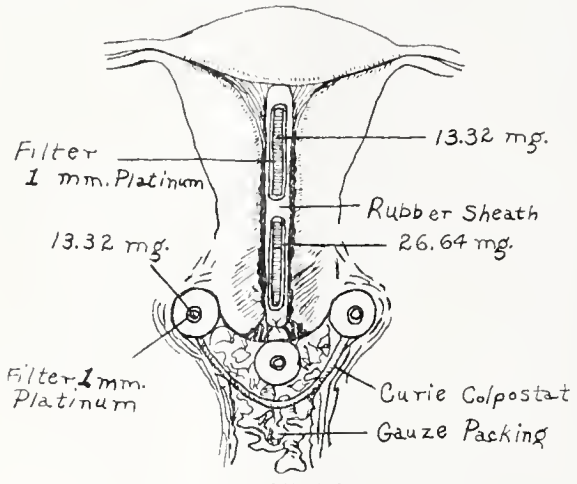


FIGURE 1

Distribution of radium in the treatment of carcinoma of the cervix uteri.

The platinum capsules used in the colpostat also furnish a wall thickness of 1 mm. platinum filtration. Each of the three capsules in the colpostat contains 13 1/3 mgm. radium. Total content of the colpostat is 40 mgm. in addition to the 40 mgm. in the uterine tandem. A total dosage of about 6,000 mgm. hours is then given which requires in this arrangement 75 hours to furnish a necessary sterilizing dose. The end results in terms of five year cures are approximately the same whether the radium therapy is given intensively with large amounts in from 12 to 18 hours (as with the radium bomb) or continuously for three or four days, but the pliability and integrity of the vaginal vault are immeasurably better with the longer treatment.

It is a familiar fact that frequently repeated insufficient dosage of radium seems to confer an immunity on cancer cells, making them increasingly difficult to correct by radiation. The "immunization" is a puzzling phenomenon when we recall that normal tissues, repeatedly radiated, become more and more sensitive. Following a burn a fraction of an ordinary dose will excite a violent reaction. The explanation may lie in the fact that normal fibrous tissue surrounding the cancer, is rendered less capable of exerting its normal restraint over cancer cells. It is rarely possible to go on treating epithelioma with the same dosage as one untreated, without resultant severe sloughs and necroses.

Although in general, therapeutic results show that the distinction between cancer of the cervix, belonging to the therapeutic domain of radium and X-ray, the cancer of the corpus, belonging to surgery, is well founded, the experience of E. Wallon with more than 2,000 cases of uterine cancer has shown that the question is not always so simple and that it is often advisable to use radium and surgery, in one or two stages, for cancers of the cervix as well as for those of the body of the uterus. To show this value of combination of radium and surgery, he considers the various aspects of these tumors and their therapeutic indications. (1) In uncomplicated cancer of the uterine cervix, radium therapy is the treatment of choice and includes simultaneous or two-stage application of an intra-uterine sound and a vaginal apparatus irradiating the surface of the cervix, uterine cavity and parametrium. If the parametrium is invaded or if there is a pelvic mass, it is advisable to give X-ray first. (2) In cancer limited to the body of the uterus, surgical removal is indicated. (3) In cancer of the cervix complicated with salpingitis, it is necessary to remove the adnexa while leaving the uterus; radium is applied in the usual manner three weeks later. Pyometra when found should be drained for a few days before using radium. (4) In cancer of the cervix where a recurrence is feared after interrupted or insufficient radium treatment, removal of the uterus is advisable, especially in the early stage in young women, but this should not be done in less than two months after irradiation, to allow the pelvic tissues to regain their normal condition. Radium does not create adhesions; these denote neoplastic infiltration which has been transformed

into fibrous bands under the influence of radium. (5) In cancer of the neck recurring after irradiation, if treatment has been correctly given and the dosage normal, there is no reason to expect a second application to give better results. In fact, radioresistance may be accentuated, and in the absence of surgical contra-indication it is better to remove the uterus immediately. (6) In cancer of the uterine body inoperable for extrinsic reasons such as obesity, cardiac condition, etc., radium treatment must be approached with trepidation, because it is impossible to know to what degree the uterine muscle has been invaded; the tumor may already involve the peritoneum, and radium treatment may result in acute peritonitis and therefore radium is contraindicated. (7) In cancer of the body invading the cervix, surgery is dangerous; radium or roentgen treatment must be used. However, in some cases, a vaginal application to cicatrize the ulcer may be followed by hysterectomy. (8) In advanced or complicated cases, such as cancer coexisting with an irregular fibroma or an adnexal mass or cancer of doubtful diagnosis, the combination of surgery and radium may be tried. Laparotomy may reveal a uterus enlarged by fibroma, pyometra or hematometra; the uterus may be massively invaded or it may of normal size but adhering to an adnexal mass. Removal of the uterus or the neighboring masses which might interfere with radium application will allow installation of the radioactive foci in contact with the neoplastic infiltration, so that irradiation may reach the suspected tissues without damaging neighboring organs.

RESOLUTION

Whereas, The members of the Washington County Medical Society deeply deplore the violent and untimely passing of Dr. T. E. Gray, and

Whereas, By his faithfulness to his patients, his friends, and his constant association with the members of the Washington County Medical Society, he merits our high respect,

Therefore, Be It Resolved, That in his death the Washington County Medical Society and Arkansas Medical Society lose one of their valued members whose place cannot be taken, and

Be it further Resolved, That this resolution be placed on the minutes of the medical society in his honor and copies be sent to his family and the Journal of the Arkansas Medical Society.

JEFF BAGGETT,
FOUNT RICHARDSON.

Aug. 2, 1938.

THE DOCTOR AND THE DOLLAR*

ROBERT L. WOOLSEY
Holt-Krock Clinic
Fort Smith.

The title, "The Doctor and the Dollar," is possibly a misnomer; the title should be "The Doctor and the Lack of Dollars." A recent estimate of the cost of medical service to patients of physicians and dentists put this figure at $1,500,000,000. The estimated loss at 50% would be $750,000,000. Most problems simmer down to cause and effect. I am exhibiting a slide which typifies the attitude of people toward professional accounts.

The second slide exhibited shows the effect of such an attitude on the credit of the professional man. This slide is the result of a survey made by the University of Illinois. In the first twenty occupations the doctor ranks tenth with an average of 80%. Above him on this rating are some of his credit problems, people who are obviously paying their other bills but neglecting yours, and this unfortunately, is largely the fault of the doctor.

The too casual attitude of a physician in regard to the opening of an account has resulted in the casual attitude of the debtor in regard to this account. Don't be fooled! This attitude is not increasing the respect of the general public for you! This is nowhere as strikingly demonstrated as in the April issue of Medical Economics where an inquiring reporter elicited the fact that out of nine people interviewed, six did not pay the doctor because he did not press them; two, because doctors already had plenty of money; and one announced happily that he did pay his doctor and paid him first. This is approximately 11%.

The foregoing should demonstrate to you that medicine had best get on a business basis. For when you open an account with a patient you have gone into business, whether you realize it or not, the largest, most exacting business in the world—credit. Remember, an account is like a growing child, properly schooled during its formative period, it grows into a strong, healthy source of income. An account properly opened is already half-collected. Call your credit bureau where it is possible before opening an account, but a thorough understanding between the patient and the doctor, or his representative, is absolutely essential. This understanding must consist of the two

* Read before the Sixty-third Annual Session of the Arkansas Medical Society, Tearkana, April 18, 1938.

cardinal principles of any credit arrangement:—(1) how much can he pay, and (2), when can he pay it.

I am exhibiting a form we use in interviewing patients. It contains some of the pertinent questions you must ask. Its purpose is two-fold in that it gives you the necessary information and impresses upon the patient that the time to talk business has arrived. He has requested credit and you are now following the procedure of a bank or mercantile house which grants credit. You may think he will object. Don't worry; if he does, it's because he is afraid of what a credit investigation will bring out. After you have completed your interview you know his circumstances and you are in position to make your charge. After a few gasps on his part you may announce that you will extend a 10% or 15% discount for cash. (The larger discount is preferred because with banks charging 10% there is no incentive to borrow.) He still cannot pay and says so in a triumphant voice. He has to have time. Fine, you will extend him time but you must have collateral. You have a list of his assets and you are in position to see what his equity in them is. He doesn't want to tie his things up and you call his attention to the size of your bill and ask him if the bank or so and so's mercantile company didn't ask for a mortgage. There is just one answer—they did and got one, and you're going to get a second mortgage or else! When you scan the equity of John Doe in his car or his farm and stock, it doesn't look so good does it? True, but in securing this mortgage you have created a definite nuisance value. Crop mortgages can only be written for one year and inasmuch as they also include stock, the holder of the first mortgage cannot rewrite his lien without giving you as the holder of the mortgage next in priority, a first mortgage, so he must either buy you off or he must foreclose. The competition is much too stiff for him to foreclose indiscriminately so the only thing left for him to do is to dicker with you. You can in exchange for your consideration in taking another second mortgage for the following year demand and obtain a certain amount of cash. And remember, you have signed up John Doe at the current rate of interest, which is at the present time 10%. Thus you have instead of a dead account, an investment netting you a 10% return. And remember, John cannot buy a new car either.

The question of interest on notes and other instruments I want to go into a little more clearly. Where John is earning a definite amount each month and has a fair paying record, you can tell him that his account is too large to handle as an open or unsecured account but you will consent to take a note payable at so much each month. Write up your note and charge him the regular 10% interest **but** with a notation that if John keeps his word and pays as he agrees, you will waive the interest. This places John in a position where it is going to cost him something if he falls down.

Now we go into the question of open accounts, accounts so recent or small that you do not wish to spend the time and effort to secure them. Do not misunderstand me, I do not think any account over $25.00 should be put on your books without some definite plan for its retirement. Send statements; send one at the end of the month for the patient is entitled to know how much he owes; send one at the end of sixty days as a reminder as he may have forgotten. At the end of a ninety day period an account is delinquent. There are reminder stickers issued by the Retail Credit Bureaus which are strictly impersonal and offend no one which can be used at this time. Follow this with your form letters and have the first one obviously a form letter to avoid offense. From then on it's "open season"—anything goes. The main point of any hard collection procedure is to find out your debtor's weak point and direct your fire at this point.

Check with your credit bureau and use it; there is no substitute for it. Individual bureaus of physicians only duplicate the work already being done by the bureaus, and done well. Until such a time a man is appointed by each medical society, not only to dispense credit information, but to actually make the arrangements and see that they are carried out, physicians' bureaus will not succeed. I recently had occasion to visit an organization which has made quite a name for itself. I refer to the Sedgwick County Medical Society of Wichita, Kansas. This organization is attempting to meet the credit problem by maintaining its own collection and credit rating bureau. Society dues, which are very high, support an executive secretary and a collection department. The county pays $500.00 per month which reimburses the doctors for the care of indigent sick. Thus with the dues of approximately one-hundred and forty members and $6,000.00 per year from the county, plus the revenue from the collection department which charges the same rates as the local credit bureaus, they still are unable to

break even, so you can readily see what an expensive toy this would be to any but a very wealthy society. Your local credit bureau probably has the record on your patients going back many years and they are invaluable in tracing skips, and for forwarding of accounts to other cities.

There is a factor which is now entering into our collection problem, that of hospital insurance. It takes out the great immediate need of an operative case. Hospitals as a rule extend credit only after every effort to obtain cash has been exhausted. The doctors all realize the necessity of keeping a hospital solvent and that first need for cash means that the doctor must stand aside for the hospital. How often have you been forced to tell some patient to pay the hospital and you would work out some form of payment of your bill later? Worse than that, you must stand aside and see the dissipation of that man's assets by a forced sale. Remember, $100.00 becomes $75.00 when you have to have quick cash! Cheap hospital insurance would, I honestly believe, solve this problem.

Some of these ideas may appear to make too great a demand on your time so I will briefly call your attention that you have in your outer office the "Genie of the Lamp." I refer to your office girl. She can do all these things and do them in a manner that will keep you completely out of the picture. They have done it; they are doing it; and better still, they are learning to do it efficiently.

In Little Rock there is a group of fifteen girls who have weekly meetings to discuss credit problems, a procedure which they are being taught by experienced credit men, and as a result the doctors are having less and less to do with any discussion of accounts or payments.

I deeply appreciate the honor of having been permitted to address you and wish time would permit going more in detail into certain other phases of collection.

I thank you for your patience.

AMERICAN BOARD OF INTERNAL MEDICINE, Inc.

Written examination for certification by the American Board of Internal Medicine will be held in various parts of the United States on Monday, October 17, 1938, and on Monday, February 20, 1939.

Formal application must be received by the Secretary before September 15, 1938 for the October 1938 examination, and on or before January 1 for the February 1939 examination.

Application forms may be obtained from William S. Middleton, M. D., Secretary-Treasurer, 1301 University Avenue, Madison, Wisconsin, U. S. A.

CORRESPONDENCE

July 8, 1938.

To The Editor:

The mobile X-ray unit of the Division of Tuberculosis Control of the Arkanas State Board of Health is now in the field doing tuberculosis control work. This service is for indigents and those who would not have the service otherwise through the lack of local facilities for X-ray. As you probably know, this unit only enters the various counties upon the invitation of the local medical societies. Upon receipt of this invitation the matter is taken up with the local health units and arrangements are made to hold clinics in the various county seats. Cases are admitted to these clinics only upon recommendation of the private physician and, following examination, are referred back to him. There is no obligation on the part of the medical society in extending the invitation. No recommendations are made to the patients regarding treatment, but we are very anxious to consult with the private doctor regarding the best handling of each case.

At the present time our schedule is complete through September. Following this we have no requests for this service. I feel that if a notice were published in your monthly bulletin that such service were available, it would give the local societies an opportunity to write in so that we may plan on visiting their counties during the following months. Insofar as is practical, each county is to be visited in the chronological order that the invitation is received.

By direction of the State Health Officer.

H. LEE, FULLER, M. D., Director,
Division of Tuberculosis Control.

The keynote of the scientific presentations of guest speakers and members alike will be on treatment and management during the four days of the Fall Conference of the Kansas City Southwest Clinical Society.

Innovations of the meeting this year include a "Mystery Case," with discussions and diagnoses by members representing the various specialties followed by open discussion throughout the audience which should create much interest. Also, the "Question Box" type of luncheon talks bids for much interest. The members presenting George Barnard Shaw's famous play, "The Doctor's Dilemma" and two other playlets, including "The Doctor's Dibacle" guarantee an evening of highly amusing entertainment. The exhibits, both scientific and technical, will bring much that is new and worthy of your consideration. Remember the dates, October third, through sixth, in Kansas City, Missouri.

TUBERCULOSIS ABSTRACTS

A Review for Physicians

ISSUED MONTHLY BY THE NATIONAL TUBERCULOSIS ASSOCIATION

THE courage of tuberculosis workers ebbs from time to time because progress is so fitful and slow. A popular writer bemoans the great lag between what we, as a people, know and what we actually apply in the phrase, "the frustration of science." But that our efforts to improve conditions do ultimately yield fruit is attested by bits of evidence that come to light from time to time. Such evidence is furnished by a study reported by one of England's noted tuberculosis specialists, Dr. G. Lissant Cox. Excerpts of his article follow:

DURATION OF LIFE OF TUBERCULOSIS PATIENTS

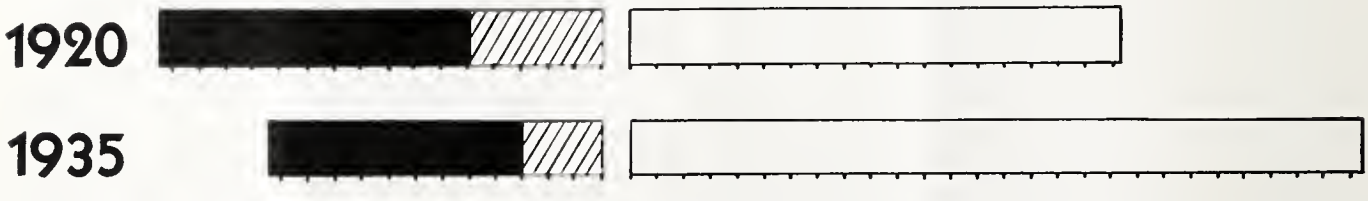
For many years efforts have been made in Lancashire (England) to educate the public to seek medical advice as soon as certain symptoms of tuberculosis manifest themselves. In an attempt to assess the value of such education the author, who is the Tuberculosis Officer of Lancashire, has measured the period of illness before the patient was examined for the first time by the Tuberculosis Officer and the duration of his life after that time. The period of illness before the Tuberculosis Officer's examination was subdivided to show (a) how long the patient waited before consulting his medical attendant and (b) how long he remained under his care before being referred to the Tuberculosis Officer. Such measurements were made for two selected years, 1920 and 1935 and compared. More than 200 consecutive cases were included in each year's study.

The investigation was made only of patients who had died of tuberculosis, which limited the inquiry to the more advanced cases. To put the question of diagnosis beyond doubt, only cases with tubercle bacilli in the sputum were included. These restrictions naturally excluded the more hopeful types of cases. The conclusions reached were that:

1. The duration of illness, from the appearance of the first symptom to consultation with the Tuberculosis Officer, averaged 16.7 months for the 1920 group and 12.5 months for the 1935 group.
2. This reduction of 4.2 months' delay was due to (a) earlier consultation with the family doctor and (b) more prompt reference of the patient to the Tuberculosis Officer.
3. The 1935 group lived on an average of 9.1 months longer than the 1920 group after the initial examination by the Tuberculosis Officer.
4. The longer duration of life may be due to (a) examination of the patient in an earlier stage, (b) better living conditions, (c) improved methods of treatment. It is not possible, however, to assess the value of modern methods of treatment as the investigation deals only with patients who died, taking no account of patients who are still under supervision or who have recovered.
5. Efforts to encourage patients to seek treatment earlier has met with some success. The average delay was reduced by some 25%.

Average Duration of Illness of Positive Sputum Patients, G. Lissant Cox, M. A., M. D. Cantab., The Medical Officer, April 16, 1938.

DELAY SHORTENS LIFE



■ Period of time from first symptom to first medical consultation

▨ Under doctor's care—before first examination of tuberculosis officer

□ Duration of life after examination by tuberculosis officer until death

Each interval represents one month

NUMEROUS communities have recently undertaken tuberculosis case-finding work by the method of making tuberculin tests of school chilldren and examining the positive reactors with the X-ray. Some skepticism as to the value of this method has been voiced because the results are not so "productive" as the older method of confining the examination to contacts of open cases. The two methods should be evaluated, but not with the purpose of selecting one method to the **exclusion** of the other. A group of workers review a three-year tuberculin test program carried out in the public schools by the staff of a county tuberculosis hospital, and compare the results with the results obtained by the routine examination of contact and suspect cases made in the same hospital during the same period. Abstracts of their paper follow:

TUBERCULIN TEST OF SCHOOL CHILDREN

Ulster County (New York) has a population of 80,000, equally divided between urban and rural. In most rural schools several grades are grouped together and the ages of the pupils in a single grade may vary as much as 4 years. It takes little more effort to survey a whole school than a class or two. For these reasons it was decided to apply the test to children of all ages and to offer the testing services to rural as well as urban groups. Furthermore, this case-finding survey had also propaganda purposes. It was a firm rule not to examine any grade school positive reactor unaccompanied by at least one responsible member of the family; in fact, efforts were made to examine all the household contacts. The usual routine of educational preparation of the field through lectures and press propaganda was adhered to. The Mantoux test was used throughout.

The fluoroscope was used as a first screen instead of the X-ray film and this reduced the number of films to be taken between 85% and 90%. This net saving of about 60c per examination is of importance to most communities.

Out of a total of 11,446 students, ranging from grade school pupils to normal school freshmen, 1,964 reacted positively. (The authors submit tables of their findings both among the students and the adults examined.) The number of cases found among adults was 3.4%—three times more than among pupils. Among the adult cases, 21 were minimal, 9 moderately advanced and one far advanced. Among the pupils, the cases were, 8 minimal, one moderately advanced and one far advanced. Taken together, 70% of all cases found were in the minimal stage.

During the three-year period of the survey the hospital conducted bi-weekly clinics for contact and suspicious cases at which 1,843 new patients were examined and X-rayed. Of these, 227 new cases of tuberculosis were disclosed, classified as follows: 79 minimal, 76 moderately advanced, 72 far advanced. Thus 35% of the cases were minimal as compared to 70% minimal in the survey group.

It is evident that the numerical advantage rests with the contact-suspect-case examination method, but the tuberculin-test method leads to the discoverey (on a percentage basis) of twice as many cases with minimal lesions. On the other hand, the routine clinic examination method yields a higher percentage of active lesions.

The tuberculin-test method is admittedly more expensive. But if the work is done by a full-time hospital staff which is already conducting a clinic, the extra expense is limited to the cost of X-ray films and a few incidentals.

A value which transcends the clinical aspects is the education of the public, which is a necessary part of the tuberculin-test method. A large proportion of the public are reached with the printed and spoken word because their interest has been aroused in the project. Examination of the parents brings them in personal touch with the doctors. The fluoroscope examination impresses family groups and helps them to understand the purposes of the examination.

The authors submitted a set of questions to senior high school students, many of whom had been tuberculin-tested or fluoroscoped but had no lectures on the subject. The same questions were put to senior high school students in contiguous counties where practically no testing had been done. The students of the former group gave by far the best answers. To the question, "If you were fearful that you had pulmonary tuberculosis or 'lung troubles' what would be the best method of determining this?", 67% of the students of the school where tests had been given answered correctly, as against 17% correct answers of students in the other schools.

Tuberculin-Test of School Children—Comparative Values, G. W. Weber, M. D., F. W. Holcomb, M. D., K. M. Murphy, New York State Journal of Medicine, Vol. 38, No. 9, May 1 1938.

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EDITORIAL

THE NATIONAL HEALTH CONFERENCE

The sessions of the President's Interdepartmental Committee to Coordinate Health and Welfare Activities July 18-20th were followed by violent press reports, both pro and con. In general it would appear that reactions to the released discussions of the session were not based upon calm, analytical thinking.

The national health program as announced by the governmental agencies is as follows:

1. Compulsory sickness insurance with federal subsidy.

2. Expansion of general public health services, requiring additional annual expenditure of $200,000,000.

3. Expansion of maternal and child health services requiring additional annual expenditure of $165,000,000.

4. A hospital construction and partial maintenance program to construct 360,000 beds and 500 health and diagnostic centers, requiring annual appropriation of $146,050,000.

5. Expansion of facilities for medical care of the medically needy to reach an annual appropriation of $400,000,000.

The program as set forth would increase in a ten year period, at which time the estimates set forth will reach a maximum annual cost to the federal and state governments of $850,000,000. This does not cover the compulsory sickness insurance item. The authorities suggest a minimum of $17.50 per person a year as the cost of furnishing adequate care, exclusive of dentistry.

With certain of these aims, organized medicine finds itself in full accord; indeed, it has supported from the beginning, efforts for extension of public health activities, maternal and child health services and the provision of hospitalization. Other aims meet with opposition from the medical profession.

As a part of an organized effort to regiment the medical profession of the country, the conference was a bold stroke. The organized medical profession was definitely in the minority among the invited participants. We may well regard this move of the present administration as another in a series of "socialistic" trends. The American Medical Association, through its president, Dr. Irvin Abell, rightfully demands the answer to the following questions: "Would regimentation provide better qualified physicians than are now available? Would it make good medical care more available to the indigent, the unemployed, and the low-income group? Would it continue to attract a high type of men to medicine as a life work? Would it preserve confidential relationships between physician and patient? Would it provide more time for postgraduate study?"

Organized medicine must realize as a result of present activities on the part of the administration that there is (1) a need for a more comprehensive and unbiased study of the adequacy and availability of proper sickness care under our present system; (2) there is a need for cooperation between the leaders of medicine and the government, and finally (3), there is a crying need for much singleness of thought and purpose among the physicians of America.[1]

In all the discussion of health matters there appears the disposition to cast the blame for conditions as they exist upon the medical profession. It must be obvious to all thinking individuals that the provision of medical care to all the people, as the advocates of state medicine would have it, is not the entire solution. The problems of economics as related to the citizenry, no less than ignorance and prejudice, must all be considered.

[1] Sargent, James C. President's page, Wis. M. J., Aug., 1938.

AN OPEN LETTER TO DR. HUGH CABOT

Having read with interest and some amazement your discussion at the National Health Conference, we are prompted to ask you these questions:

1. Did you ever complete the papers required for a $1.50 house call to a Federal Emergency Relief Administration client?

2. Did you ever submit a voucher for medical services to an employee of the Civil Works Administration or of the Public Works Administration? If so, was your fee arbitrarily reduced by a clerk in the administration office?

3. Were you ever told by a Farm Security Administration supervisor, formerly a dry goods clerk, that he considered $15.00 a fair fee for full obstetrical care?

4. Have you had any experience with the provision of medical service to indigents under lay direction?

5. Has not organized medicine been good to you? Did it not work for proper undergraduate preparation of medical students, has it not ceaselessly fought for higher standards of medical education, has it not struggled to bring about higher requirements for licensure, has it not been in the forefront in the advancement of preventive medicine and the public health? Is it not a fact that your standing today as an eminent surgeon is due, in no inconsiderable part, to the labors of those who have gone along with you, earnest members of organized medicine, all of them?

EDITORIAL COMMENT

Under the influence of a paternalistic government the people of the United States are demanding more and more in the way of relief, subsidies, governmental aid and assistance. It is perhaps but natural that they should now turn to demand more of the medical profession. These are trends which the profession must recognize and which must be squarely met. The medical profession is well prepared to assume its full responsibility and in so doing will gain the gratitude and sympathetic cooperation of the citizenry. At this time it is vital that the medical profession, as a unified body, study in utmost detail changes which are imminent, and be ready to assume full measure of leadership.

PROCEEDINGS OF SOCIETIES

The Southeast Arkansas Medical Society met at McGehee July 18th for the following program: "Discussion of Crippled Children's Work," Val Parmley, Little Rock; "Diagnosis of Upper Urinary Tract Diseases," Grady Reagan, Little Rock, and General Discussion, "Conduct of Study of Medical Care."

H. T. Smith, Secretary.

The Lawrence County Medical Society met at Hardy July 12th as guests of Wm. Johnston, W. W. Brown and W. O. Tibbels. The following program was presented: "Pyelitis," H. K. Turley, Memphis; "Local Anesthesia," J. J. Monfort, Batesville, and "Rectal Fistulae," J. L. Jelks, Memphis. Luncheon was served following the program.

The Benton County Medical Society met in dinner session at Rogers August 11th for the following program: "Syphilis," D. W. Goldstein, and "Syphilitic Manifestations in Opthalomology," E. C. Moulton, both speakers of Fort Smith.

Geo. M. Love, Secretary.

The Independence County Medical Society met in picnic supper session with Dr. and Mrs. O. J. T. Johnston at Batesville August 8th. F. Q. Wyatt presented a paper on "Acute Suppurative Empyema."

J. B. Askew, Secretary.

The Fourth Councilor District Medical Society met at Warren August 18th, viewing the motion picture, "The Birth of a Baby." Clyde Rodgers, Little Rock, discussed "Prenatal Care."

H. T. Smith, Councilor.

DOCTOR:

Have you filled out and returned Form No. 1 to the Committee on the Study of Need and Supply of Medical Care in Arkansas?

Your individual cooperation in this Survey is most important.

PERSONALS AND NEWS ITEMS

Joe H. Sanderlin, Little Rock, has been appointed medical director of the Pyramid Life Insurance Company of that city.

Dr. and Mrs. A. C. Shipp, Little Rock, took an extended western vacation trip in June and July.

J. B. Crawford, Little Rock, spent a month in postgraduate study in Philadelphia, Baltimore and Washington during July and August.

Rufus Martin has been elected surgeon of the Warren post of the American Legion.

MARRIED—A. L. Best, Newport, and Mrs. Norma Masters, at Jonesboro, July 1st.

L. H. McDaniel, Tyronza, has been elected eastern vice-commander of the American Legion, Department of Arkansas.

M. Y. Pope has been elected surgeon of the Monticello post of the American Legion.

D. A. Dickerson has been elected surgeon of the Gurdon post of the American Legion.

Dr. and Mrs. W. F. Adams, Fort Smith, spent a July vacation at Hot Springs National Park and Little Rock.

N. F. Weny, Little Rock, took an extended automobile trip through fifteen states during July.

W. T. Wilkins has been elected president of the Cotton Plant Rotary Club.

Dr. and Mrs. R. M. Eubanks, Little Rock, took a trip to the Pacific Northwest and Alaska during August.

Dr. and Mrs. F. Walter Carruthers, Little Rock, spent an August vacation in Mexico.

H. G. Heller has been elected surgeon of the Mena post of the American Legion.

"Intestinal Obstruction: Analysis of 200 Cases Attempting Improved Correlation of Mortality, Pathologic Physiology and Signs and Symptoms" by J. K. Donaldson, Little Rock, appeared in the June issue of American Journal of Surgery.

L. M. Henry, Fort Smith, has been appointed 1st Lieutenant in the Medical Corps, Arkansas National Guard, and assigned to the 142nd Field Artillery.

S. J. Wolfermann addressed the Noon Civics Club of Fort Smith August 5th.

"Diseases Misdiagnosed as Early Syphilis" by Ewell I. Thompson, Little Rock, appeared in the August Southern Medical Journal.

J. D. Riley, State Sanatorium, has been elected a governor of the American College of Chest Physicians.

B. A. Rhinehart, Little Rock, spent an August vacation at Corpus Christi.

BORN—A daughter, to Dr. and Mrs. B. James Reaves, Little Rock, August 4th.

J. J. Monfort, Batesville, took postgraduate work at the Mayo Clinic during July.

Raymond V. McCray has become associated with his father, E. H. McCray, in practice at Malvern.

J. E. Stevenson, Fort Smith, made a clean sweep of the Arkansas State Trapshoot at Fort Smith, August 7th and 8th, winning singles, doubles and high-over-all scores.

Allen Cox, Helena, attended the Mobile Fishing Rodeo in August.

Hugh Johnson, Fort Smith, has been re-elected coroner of Sebastian county.

John N. Roberts, Little Rock, addressed the Lions Club of that city recently on "Syphilis."

Dr. and Mrs. M. E. Foster, Fort Smith, spent an August vacation at Creede, Colorado.

Dr. and Mrs. W. F. Barrier, Malvern, and Dr. and Mrs. Harvey Shipp, Little Rock, spent an August vacation deep-sea fishing off Mobile.

C. C. Stevens, L. L. Hubener, Floyd Webb and H. C. Sims have moved into new offices at Blytheville.

C. P. Sisco has his son, Friedman Sisco, associated with him in practice at Springdale.

"Nicotinic Acid in the Treatment of Pellagra," by C. N. Bogart, Forrest City, appeared in the August 13th issue of The Journal of the American Medical Association.

Dr. and Mrs. T. P. Foltz, Fort Smith, spent an August vacation at Ludington, Michigan.

Dr. and Mrs. C. S. Means, Fort Smith, spent an August vacation in Colorado.

Capt. Stanley M. Gates, Monticello, Lt. Fount Richardson, Fayetteville, and Lt. L. M. Henry, Fort Smith, attended the annual encampment of the 142nd Field Artillery at Fort Sill in August.

Max F. McAllister, director of the Benton county health unit, has accepted appointment to the staff of the Veterans Administration Facility at Hines, Illinois. Emmett A. Pickens, Bentonville, has been named acting health director for Benton county.

The twenty-third International Assembly of the Inter-State Postgraduate Medical Association of North America will be held in the public auditorium of Philadelphia, Pennsylvania, October 31, November 1, 2, 3 and 4, 1938. All scientific and clinical sessions will take place in the auditorium. Hotel headquarters will be the Benjamin Franklin Hotel.

The members of the medical profession of Philadelphia are correlating for the clinics, an abundance of hospital material representing various types of pathological conditions which will be discussed by the contributors to the program.

A full program of scientific and clinical sessions will take place every day and evening of the Assembly starting each morning at 8:00 o'clock. On account of the fullness of the program, restaurant services will be available at the auditorium at moderate prices.

Pre-assembly and post-assembly clinics will be held in the Philadelphia Hospitals on Saturday, October 29 and Saturday, November 5.

It is very important that you make your hotel reservation early by writing Mr. Thomas E. Willis, Chairman of the Hotel Committee, Chamber of Commerce Building, 12th and Walnut Streets, Philadelphia, Pa.

The Association, through its officers and members of the program committee, extend a very hearty invitation to all members of the profession in good standing in their State and Provincial Societies to attend the Assembly. The registration fee is $5.00.

Dr. Elliott P. Joslin,
President,
Boston, Mass.

Dr. George W. Crile,
Chm., Program Committee,
Cleveland, Ohio.

Dr. William B. Peck,
Managing Director,
Freeport, Ill.

OBITUARY

THOMAS ELLSBERRY GRAY, aged 65, of Winslow, was killed by a hitchhiker on July 11th, near Mountainburg. Born near Chillicote, Missouri, in 1873, he attended the public schools of that vicinity and graduated from the Kansas City, Missouri, Medical College in 1901. Subsequent to graduation in medicine, he spent some time in mine prospecting and railroad work before entering upon the practice of medicine at Winslow in 1903. He was married to Miss Louise Jane Smith, of Chester, Arkansas, in 1908, and to them one son was born, who died in infancy. Dr. Gray served throughout the World War with the 329 Aerial Squadron, A. E. F. and was discharged, returning to his practice, on December 20, 1918. He maintained interest in military affairs and at the time of his death held commission as a lieutenant-colonel in the medical reserve corps. In addition to his membership in the Washington County Medical Society and the Arkansas Medical Society, he was a member of the Fayetteville post of the American Legion and of the Episcopal church of Winslow. He served his city for several terms as mayor and in recent years had been a member of the city council.

JAMES FOSTER MERRITT, aged 69, died at his home in Hot Springs National Park August 11th. A native of Illinois, he graduated from the Dallas Medical College in 1901 and practiced in Texas for several years. For the past 12 years he had been medical director for the city of Hot Springs National Park and for Garland county. He had been a resident of Hot Springs National Park for the past 33 years. Surviving relatives are his wife and a brother.

Members of the Society are invited to attend or to send their office assistants to the meeting of the Arkansas Credit Association to be held at the Goldman Hotel, Fort Smith, September 11, 12 and 13th. A division of the association for physicians was formed at the 1937 annual session and has been well received. The purpose of this section is the dissemination of credit information and practices to physicians and their assistants. Physicians' assistants who attended the initial meeting are enthusiastic over the possibilities. It is felt that a more general acceptance of the aims of this section will be of great benefit to the members of the Society.

RANDOM THOUGHTS OF THE SECRETARY

July 25th. Becoming this day a full-fledged member of "Behind the Eight-Ball Club," a recognition undoubtedly long due us, but somewhat at a loss to account for the kind friend who proposed and paid our membership fee.

July 26th. In the early morning hours traveling U. S. 71 northward, truly the Southwest's most gorgeous scenic drive. This time the Boston Mountains are majestically beautiful in their dusky purple with enveloping faint mists, inviting the most casual passerby to meditation over the infinite perfection and constant beneficence of nature.

July 29th. Present for the "roughest, toughest, outdoor show in the World"—Cheyenne Frontier Days. Arriving just prior to the colorful parade wherein soldiers, cowboys, cowgirls, gents and ladies of another day, tandem bicycles, Indians in garb designed for tourist appeal, and countless other reminders of the West as it once was pass before us to our ever-mounting interest and enthusiasm, which is considerably restrained over that exhibited by the youngster, who for this one time, is able to draw his six-shooter and kill real Indians to his heart's content. In the afternoon watching events in the arena and on the track with 17,000 others, marveling at the perfection of military drill by Co. "E", 1st Infantry and Battery "B", 76th Field Artillery, the latter furnishing an added thrill when a caisson turns over, throwing the cannoneers thirty feet; breathlessly watching "Toots" Mansfield rope and tie a calf in the world-record breaking time of 13.6 seconds, faster than it can be told; and on throughout the afternoon, as one exciting contest follows another, we conclude that the real West has entertained us in a most satisfactory manner. To "The Plains," more of a headquarters hotel than The Marion ever hoped to be, where we receive hospitality of a personal type, a gratifying end to a most enjoyable day, and journeying in the twilight and early night across the mesas and plains of southern Wyoming and northern Colorado to the cottage in Boulder.

August 3rd. On this hot day comes a "fan" letter from "Son" Corn to this column and if we become garrulous over it, bear with us—we have not had a letter from our public since 1937.

August 9th. Voting early affording much time for disinterested campaign discussion during the day finding ourself much keyed-up over Arkansas' most hectic battle. At noon partaking of genuine Creole gumbo, a delectable dish, as the guest of Hardy Smith, a treat to us indeed.

August 11th. Officers, councilors and committee chairmen discuss at length the policies of the Society for the coming year. How often do we attend an enthusiastic meeting of a smaller group from which we depart wishing it were possible to pass along the enthusiasm to the greater body of the membership. Particularly is this true at this time when the force of the individual member is sorely needed as an adviser to his patients and friends in legislative struggles which lie ahead for the organization.

August 13th. The guest of Jim Amis we drive over the roads of the Ozark National Forest to the junction of Hurricane Creek with the wooded acres of Krock, Amis and Crigler, where we are privileged to admire the craftsmanship which brought into being a nifty stone cabin, adorned with a red roof, white sash and green screens, a comfortable retreat in days of stress for these medicos, one which might permit them to be self-sustaining, camera films excepted, as the economic problem becomes more pressing. Thence, five miles down hill, five miles uphill to highway 71 and Burns Gables where we rediscover the delights of chicken livers en saute. With cool mountain air blowing about us we coast homeward with talk of many problems, none of which require immediate concentration.

August 17th. The secretaries of the 10th district gather at Burns Gables for a good dinner and discuss methods and procedures for conduct of the medical survey. This idea of Clyde McNeil's might be most profitably carried on by all districts. The opportunity is afforded the President to talk.

August 18th. Our summer-time meal provider, the genial Greek, gives us some good philosophy on what to do when the "going is tough." He confides that the thing to do is just what you would do if you entered a yard to be greeted by a strange, bristling bulldog, apparently eager to inflict torture upon you. Think—will he bite or will he not? Should I run or should I stand fast? Do not weaken, if you do you are gone. So when they seem to have you behind the 8-ball, fight back all the harder:—a philosophy which has been tried and not found wanting in the restaurant business. No doubt but that it would serve just as well in the practice of medicine.

August 20th. Monthly bulletin to George Fletcher: The same Rockies, the same cool climate, the same happy family.

August 21st. In a tragic manner we are made aware of the wisdom which dictates that your personal safety depends upon a stop at all railroad crossings. Death comes to six because the driver neglected this precaution.

AUXILIARY NEWS

Dear Auxiliary Members:

I wonder if you have heard the wonderful news about our State Auxiliary? We were awarded the National Membership Trophy at the American Medical Auxiliary meeting in San Francisco for the greatest percentage gain in membership for the year 1937-38.

If you will recall, about this time last year, I told you about the first award which was made in Atlantic City and expressed the wish that we work for it for Arkansas. I wanted the recognition for our state so very much, but really had no idea that we would show gain enough to receive it. So you see it is as much a surprise to me as it is to you, and I might add as it was to Mrs. Wm. R. Brooksher, who accepted it for us.

It is another manifestation of your loyalty and cooperation during the past year, for which I want to again express my sincere appreciation.

I have not heard what percentage gain we showed this past year. The Trophy was won by New York, a newly organized state in 1936-37, with a four hundred per cent increase. Of course our gain was very much less than this, but it proves that if we put forth a little extra effort we can do it again this year. So, let us try.

With best wishes, I am,

Sincerely,

(Mrs. Curtis W.) ROSINA JONES.

Little Rock, Ark.
Aug. 5, 1938.

Dear Auxiliary Members:—

As summer is drawing to a close and the fall months will be here in a short time, I am taking this opportunity to make a few suggestions for the work of our Auxiliaries.

We are proud to have been awarded the national membership trophy for last year, and congratulate Mrs. Curtis Jones, retiring President, and Mrs. C. E. Kitchens, Organization Chairman, on their successful year. I am sure that the Auxiliary to the State Medical Society can keep this cup for another year if we are able to increase our membership.

Mrs. S. C. Fulmer, Organization, and Mrs. Loyce Hathcock, chairman of the tenth district, have organized Madison county, and we welcome them as new members. If each county president will ask the secretary of the local county medical society to give her a list of all members and have a committee call the wife of each member inviting her to the first meeting in the fall I am sure you will increase your membership.

In planning the year's program I plan to have a Public Relations Meeting. Write to Mrs. Alfred Hathcock, Fayetteville, and she will give you suggestions for the meeting.

Our quota for Hygeia last year was one subscription to Hygeia for each member. So far this year I have not heard from the National Hygeia chairman, but I am sure our quota will be the same, so let us help Mrs. C. A. Churchill, of Batesville, state Hygeia chairman make a good showing for Hygeia.

I trust that each county Auxiliary will feel that it is their privilege to contribute to the student loan fund.

I am mailing each auxiliary a complete list of all state officers so that you will be able to write the chairman of each committee for any suggestion you may need.

Sincrely,
(Mrs. J. B.) Hattie May Crawford.

On June 20, 1938, the Southeast Arkansas Medical Society and Auxiliary were entertained at Lake Village at the Lodge of Drs. Burge and McGehee situated on the bank of beautiful Lake Chicot. Long tables were arranged under the trees and hot sizzling fish with the accompaniments were served to a large number of guests. The Auxiliary was invited to the home of Dr. and Mrs. McGehee for the business meeting. The Elise Lake Foundation was discussed and it was agreed to make a contribution to that fund. Miss Leonard, Chicot county Health Nurse, made a talk which was profitable.

On Monday, July 18th, Mrs. Marion Leverett entertained the Auxiliary in her lovely new home at McGehee, while the husbands were being entertained at the Greystone Hotel at McGehee. Small tables were arranged for sixteen and guests were invited to serve themselves from a large table laden with dainty and satisfying food. Much chatter and laughter was heard during the serving. A business meeting was then held and the topic for discussion was Publicity. After the business, an hour of guessing contests and general fun was enjoyed.

Mrs. M. C. Crandall,
Publicity Chairman.

BOOK REVIEWS

Pathological Technique: By Frank Burr Mallory, A. M., M. D., S. D., Consulting Pathologist to the Boston City Hospital, Boston, Mass. 434 pages with 14 illustrations. Philadelphia and London: W. B. Saunders Company, 1938. Cloth, $4.50 net.

This new manual for workers in pathological histology is the result of large numbers of requests to the author for a modern presentation of accepted pathological techniques. It is intended primarily for pathologists in hospital laboratories and medical schools, for students and practitioners interested in pathology, and for technicians trained in this line of work. The contents fully justify the author's intentions.

The practical side of the subject is emphasized throughout with special emphasis placed upon methods designed to save the time of the busy clinician.

While not primarily interesting on the whole to the average practitioner, the third part of the work covering innumerable details of postmortem technique is an invaluable reference not only for the autopsy specialist but for any one called upon to perform an occasional necropsy. For this reason alone the book should be available for reference to everyone.

The final chapter on photography of gross and microscopic specimens should appeal to the increasing number of camera enthusiasts among physicians as a ready reference for details of technique in this specialized brand of pictorial art.

Malnutrition: The Medical Octopus. By John Preston Sutherland, M. D., Sc. D. Pp. 368. Price $3.00. Boston: Meador Publishing Company, 1937.

The author endeavors to answer the questions: "Why Do I Eat?" and "What Shall I Eat?" The explanation covers 368 pages and fails to impress us.

Medical Writing: The Technic and the Art. By Morris Fishbein, M. D., Editor of the Journal of the American Medical Association. Pp. 212. Price $1.50. Chicago: American Medical Association, 1938.

Devoted to the technic, composition and mechanics of preparation of a medical paper for publication or presentation, this small volume should be studied by all medical men who aspire to read or write a paper. The consistent application of the theme of the book, brevity, will make for a termendous reduction in the medical literature of today, a loss of volume but a gain in usable articles.

Materia Medica, Drug Administration and Prescription Writing. By Oscar W. Bethea, M. D., Ph. G., Ph. M., F. C. S., F. A. C. P., Professor of Clinical Medicine, Tulane School of Medicine; Professor of Therapeutics, Tulane School of Medicine; Senior Physician, Southern Baptist Hospital; Senior Visiting Physician, Charity Hospital of Louisiana; Member, Revision Committee, U. S. Phermacopoeia. Fifth revised edition. Price $5.00. Philadelphia: F. A. Davis Company, 1938.

This popular and practical text maintains the features which make it valuable to the student and practitioner. The author stresses the importance of correct prescription writing and continues his crusade against proprietary and prepared medicaments by offering tested prescriptions. For this reason alone, we think the volume a most valuable addition to the library of the young physician, as well as to that of the older physician who has ceased to write his own prescriptions.

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POSSIBILITIES OF MODERN CHEST SURGERY*†

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De Cerenville, Brauer, Friedrick and some others deserve great credit for pioneering work in chest surgery which they started about 1895. But modern chest surgery may be said to have had it's beginning with Sauerbruch and his associates in 1903. At this time Sauerbruch appreciated the physiologic importance of the negative pressure normally present within the pleural cavity; and he and his associates built for themselves a small operating room which could be made air tight and in which negative pressure could be established during the time the operating team was making a surgical intervention into the thorax. With or without the impetus given by Sauerbruch's work, Wilms, Alexander, Archibald and a number of other surgeons over the world eventually began to use the now less popular thoracoplasty known as the Wilms-Sauerbruch type. With this thoracoplasty they sectioned small portions of many ribs. The procedure was not properly selective in nature; but as long as twenty years ago a number of men were able to cure as much as thirty per cent of advanced tuberculars who would otherwise have had no opportunity for cure by any other known method used in those days.

Harold Brunn of San Francisco may arbitrarily be said to have initiated the second area of modern chest surgery, the one which we are now in. He published in 1929 a report of a few cases in which he had successfully removed both lower lobes of the lungs in the same patient for far advanced purulent bronchiectatic cavities which otherwise could have been cured by no other known method. Spurred on by Brunn's success, surgeons began attempts to perfect the technique of lung surgery so that an entire lung could be removed for such otherwise hopeless conditions as cancer. It is a credit to the profession that within the past three or four years the technique of pneumonectomy has been established to such an extent that although lung removal is still an hazardous operation, it nevertheless is now a practical one.

In the tubercular field vast strides have been made in the last decade. A great wealth of statistics are now available to show that by the modern selective type of thoracoplasty, which may be used in even bilateral cavernous tuberculosis, it is possible to cure from 50% to 80% of advanced tuberculosis which could be cured by no other method known at the present time.

What does all this mean to the general profession? One of the chief points is that it has placed a considerably greater tax on all of us in regard to our diagnostic responsibilities and therapeutic recommendations. I mean by this that, for example, if a few years ago one made the mistake of calling a chronic cough and loss of weight tuberculosis when it was really due to cancer of the lung, a great deal of harm had not been done. At that time it was not possible to do anything about pulmonary cancer. The patient was doomed to death and the mistaken diagnosis made no ultimate difference. Since modern chest surgery has much to offer one now, however, our diagnostic acumen must be always on the alert to understand thoroughly the inter-relationships of diseases within the chest; to realize the possibilities that chest surgery now offers us and to be always willing and able to advise a patient suffering from a surgical disease of the chest promptly and properly as to the possibilities which are offered. One can no longer look upon this field with a viewpoint of ten or twenty years ago when radicalism could frequently be truthfully applied to it in many instances. Without dwelling further upon thesee points let us give a few case reports which it is hoped will illustrate in a practical manner points which I have attempted to cover.

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Case Report: Mr. E. G., age 49, white male. This patient was brought to the chest service of the University of Arkansas School of Medicine a few months ago giving a history of having had, one year previously, an onset of an upper respiratory infection which the patient and his physician diagnosed as influenza. After two weeks in bed, the patient again became ambulatory but was unable to return to work. No specific therapeutic diagnostic measures were utilized and when the patient failed to improve he, in a period of a few weeks, changed physicians. The second physician requested an X-ray of the chest and the roentgenologic report came back with the diagnosis of lung abscess. The second physician was evidently satisfied with this diagnosis and attempted no additional investigative measures to find out the cause and nature of the abscess. He carried the patient along for a period of several months with ordinary symptomatic medication by mouth. No surgery was recommended. The patient eventually reached the hospital with a massive purulent effusion in the right chest. A recommendation had been made at the admission, that simple drainage of the chest be done for an empyema. We aspirated the chest, however, in several different areas removing a considerable amount of fluid by aspiration and proved that the patient had several different fluid levels within the chest. In other words, he had encapsulated multiple pockets. Simple drainage of the chest would have drained only one pocket leaving several others behind and if we had made this error the patient would have been carried along, even had he had only an empyema, for a period of weeks or months until the error had been realized. Or possibly the patient would have died without having the error recognized. Such cases occur.

The patient was in a very critical condition when he was brought into the hospital and it seemed practical to limit our diagnostic and therapeutic measures to the least that would allow the patient to gain a certain amount of strength. At the time of the original aspiration a specimen was sent to the bacteriologic department for culture and smear. Realizing that an open thoracotomy would be necessary we did this, inserting the hand within the thorax and breaking down the several different septa which were present. This gave drainage to all the empyema pockets which were in the chest. After this drainage had been established the patient began to improve and in a period of two or three weeks looked considerably better. In due time the report came back from the bacteriologic department stipulating that a pure culture of streptothrix organisms had been found. We therefore, assumed that possibly, or probably, the patient had empyema due to actinomycotic infection; that possibly a lung abscess and infection of the lung with streptothrix organisms had been the cause of the empyema. The patient was treated for a brief time on iodides which he could not tolerate. Realizing that Wangensteen and others have proved that it is only in the small percentage of cases, if ever, that a cure of pulmonary actinomycosis is obtained by iodides and deep X-ray therapy, we decided that removal of the lung was probably indicated. We decided that before removing the lung it would be advisable to utilize all diagnostic measures that were practical. We consequently requested a bronchoscopic examination. This was done and the bronchoscopist saw within the right main lumen of the bronchus what he thought was granulation tissue. He tentatively agreed with our working diagnosis of actinomycotic infection of the lung. However, he removed a bit of tissue from this area and it was sent to the pathological department for diagnosis and study. The report came back Grade II carcinoma of the lung.

Briefly reviewing the course of events that took place in this instructive case: The patient had one year previous to his entrance onset of an upper respiratory syndrome diagnosed influenza with chills, fever and expectoration. This syndrome was due to a blockage of the right main bronchus from the growing carcinoma. As the carcinoma grew, it completely blocked the lumen and a stasis occurred distal to it, giving absorption of air, a so-called atelectasis and collapse of the involved area of the lung. Finally, bacterial proliferation in the area in which the stasis had occurred caused abscess formation. Then, finally, the further trend of events which have been related above, occurred. If it had been recognized in the beginning that the patient was not following the normal course of events due in an influenza, and if proper diagnostic measures had been utilized, we feel that the patient would have had a 50% to 75% chance of recovering from a removal of the right lung and a fairly good chance of being free from recurrent carcinoma. The pulmonary type of carcinoma metastasizes rather late, relatively speaking. (It might be said at this time that 80% to 90% of pulmonary carcinomas occur within the primary or secondary bifurcation of the bronchus.)

Case Report: Mr. B., age 63, was transferred to the chest surgery service a few months ago giving a history of having had, about nine months previously, loss of weight and chronic cough without blood tinged sputum or much production. After an X-ray of the chest which showed some cloudiness of the lung, he was sent to a sanitorium for tuberculosis and was kept in this institution for a period of about seven months with a diagnosis of pulmonary tuberculosis without positive sputum. Eventually, he was sent out for further investigation and when the bronschoscopic examination was done upon our service, it was revealed that he had a Grade II carcinoma of the right main bronchus. Though we realized that the case was rather far advanced, we scheduled the patient for pneumonectomy. At the operating table a beautiful exposure of the right hilus was obtained as the mediastinal pleura was reflected; and upon first glance it appeared that we would have a relatively easy job in removing the involved lung. As we began to investigate the deeper part of the hilus, however, we found that the entire hilus was caked with neoplastic and inflammatory tissue which extended almost up to the bifurcation of the trachea. Realizing then that we were going to have a very difficult assignment in removing the lung we, nevertheless, decided since it was the only possible chance that the patient had, we would attempt a complete dissection of the mediastinum up to the superior vena cava, right heart and the trachea, cut the right bronchus at the tracheal bifurcation, dissect out the mediastinum much as one would dissect out an axilla in doing a radical breast

amputation. We did succeed in removing the lung but the bleeding which it was impossible to avoid as the fragile great vessels and their branches were dissected, together with shock attending, gave us a mortality in this case. If a more thorough early diagnostic examination had been possible, this man would have had a reasonable chance for a successful pneumonectomy and recovery.

Case Report: Mrs. G., white female, age 45, was brought into the hospital giving a history of having had several weeks previously an onset of what she and her physician thought was a pneumonia. She was treated for about two weeks and was not seriously ill. She was running a temperature at onset apparently up to 101 and raising some purulent sputum. After about two weeks she became worse, her temperature becoming somewhat higher. She raised larger amounts of sputum and was eventually sent to the hospital. On entrance at noon her temperature was 104 and at 12 midnight, it was 101. She had dullness to percussion over the lower left chest posteriorly, an irregular shadow of about half of the medial lower aspect of the lower lobe and was raising about 200 to 300 cc. of purulent, but not particularly offensive sputum, each twenty-four hours. A diagnosis of unresolved pneumonia had been made and the patient had been carried along on conservative measures for a period of twelve weeks. After a surgical consultation, a bronchoscopic examination was made and the bronchoscopist removed from the left main bronchus a small stick a little less than one-half inch in length; and he also removed from about the stick a considerable amount of inflammatory and granulatory tissue which had almost completely blocked the left main bronchus. The patient's symptoms cleared up rapidly and what was otherwise threatened to be a well encapsulated abscess or pulmonary gangrene was averted.

The main point to consider in this case is that we all know that lobar pneumonia clears nearly always within seven to eleven days; and also that bronchial pneumonia clears, if it is uncomplicated, within a period of three to four weeks. The point to remember is simply that **unresolved pneumonia is a term of doubtful value.** A great many experts are now beginning to believe that the term is of such unscientific and non-descriptive nature that it should be abandoned. In short, if one has an upper respiratory syndrome which one suspects of being influenza, lobar or broncho-pneumonia, and if this syndrome does not clear within the usual course of time, one should look for complications such as lung abscess, empyema, etc., and should not carry the patient along indefinitely with the diagnosis of unresolved pneumonia without proper diagnostic procedures being recommended. It was interesting in this case that this patient gave no history of aspiration of a foreign body. She did admit, however, after it had been removed, that she had a habit of continually chewing sticks or matches. It is possible that the patient realized that she had aspirated the foreign body and was afraid to tell it because she feared some radical procedure might be instituted for it's removal.

The following case shows what may be accomplished by patience and surgery judicially used in surgical diseases of the thorax.

Case Report: Colored male age about 25, was admitted to the hospital in extremis shortly after he had been struck in the chest by an object which had torn an opening two or three inches in diameter directly through the pleural cavity lacerating the lung itself. By emergency measures the patient survived his immediately threatening condition. He eventually developed a hemothorax and extensive pneumonitis, a lung abscess and an empyema. His extensive pneumonitis eventually cleared, his empyema was drained by open drainage, his lung abscess was drained through the pleural cavity. Finally he developed multiple empyema pockets which necessitated thoracotomy with removal of the different septa. This was done and every effort was made to allow the lung to re-expand. It became apparent that the lung would not re-expand by ordinary conservative measures and on two or three different occasions we did an open thoracotomy, attempting to decorticate the lung and break down adhesions which were preventing re-expansion. Adhesions were successfully freed but invariably reformed. We did, however, get the lung down to where a residual cavity was present possibly $3\frac{1}{2}$x4x2 inches in size. Purulent matter continued to drain from this pocket. We dismissed the patient from the hospital hoping that given time, the cavity would disappear. After a period of several months, however, the patient reported back with the size of the pocket undiminished and draining purulent material. As a last resort, we decided to do a thoracoplastic procedure to collapse the cavity and this we did, resecting the ribs extensively over the involved area and attacking the cavity by allowing the soft parts to collapse and the cavity to granulate in. By this procedure we obtained a cure and the patient appeared perfectly clean from any purulent infection within the body.

Dr. Gowen has a paper on this program which considers collapse therapy in tuberculosis. We therefore will avoid detailed discussion of this subject in order that duplication may be avoided. In this field, however, it is possible to accomplish wonderful results with the proper application of chest surgery for advanced tuberculars.

Case Report: Mr. T. W., a man about 33, a college graduate, intelligent, a private patient, came to me with giant cavities involving almost the entire left lung. He had had tuberculosis for nine years with productive cough and positive sputum. He had been told by several doctors that chest surgery was too radical to be used in tuberculosis and had been advised against having any chest operations done. Some years previously the left phrenic nerve had been removed which had permanently paralyzed the left diaphragm so that it was riding high in the thoracic cavity. A thoracoplasty on this individual was completed in three stages over a period of six weeks. All of some ribs and part of others to the eighth inclusive were removed. Satisfactory closure of the cavities was obtained, the patient

promptly ceased expectoration and no bacilli can be found in the sputum. The temperature is normal. He is gaining weight rapidly and a cure seems to have been effected.

Case Report: Mrs. J., a young woman about 28, was admitted to the chest service with a far advanced pulmonary tuberculosis which she had had for a number of years. She was in a serious condition with a positive productive sputum and was, to use a colloquial expression, almost skin and bones. The case is cited because it illustrates what can be done in the extremely far advanced cases. It may be said that though she had bilateral tuberculosis and though she had a cavity about 2½ inches in diameter in the left upper lobe, that of course she was not operated in the acute fulminating toxic stage; surgery in this stage being contro-indicated. She had simply proceeded to the stage of extreme emaciation and was greatly devitalized but was not fulminating. We felt that the right lung, though it was involved, had sufficient resistance to permit collapse of part of the left and consequently, after a pneumothorax had been tried and found to be unavailing because of adhesions that were present, we decided to institute a thoracoplastic collapse of the left apex. Two stages were completed, it being possible to do only two ribs at each stage because of the very poor condition of the patient. We would have liked to have collapsed more of the chest taking out as much as seven or eight of the ribs in the left thorax to get a more satisfactory collapse of the left lung because the cavity was not quite closed after the second stage. However, the patient's vital capacity was considerably disturbed. The mediastinum had shifted considerably and seemed to be rather mobile. We realized that to institute further surgery upon her at this time would be taking entirely too great a risk, so we decided to cease surgery since we had obtained a fairly satisfactory collapse of the left apex and the cavity. The girl's condition did not improve for a period of time and we went for a period of three to five months feeling that further surgery could not be instituted. After this period she began to gain weight, ceased production of sputum, temperature became normal, and she is at the present time somewhat ambulatory. We feel that the cure has been or will be obtained and that the case illustrates what may be done by carefully selected surgery even in cases that are so far advanced that they sometimes cannot stand a full thoracoplasty.

SUMMARY

1. Total pneumonectomy is a dangerous but nevertheless a practical operation for lung cancer and some otherwise hopeless conditions.

2. Great strides have been made in the past decade in treatment of far advanced tuberculars by surgical collapse procedures.

3. The great improvements which have been made in the chest surgery field have greatly increased our diagnostic and therapeutic responsibilities, making it imperative that all doubtful chest conditions be thoroughly studied before a diagnosis is reached. Cases illustrating commonly made errors, therapeutic and diagnostic possibilities are cited.

HYPERPARATHYROIDISM: CASE REPORT*

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DEFINITION:

Hyperparathyroidism, due to excessive parathyroid secretion, is a metabolic disease in which there is a derangement of calcium and phosphorus metabolism and which results in a depletion of the normal calcium and phosphorus reservoirs in the body. Calcium and phosphorus are removed from the bones and are excreted in the urine.

HISTORY:

As early as 1904 Askanazy suspected a relationship between a parathyroid tumor and the decalcification of the skeleton which occurred in a case of osteitis fibrosa cystica, or Von Recklinghausen's disease. Three years later Erdheim commented on hypertrophy of the parathyroids in three cases which were diagnosed osteomalacia and which came to autopsy. He thought this to be a compensatory hypertrophy. In 1924 Collip isolated parathormone, the active principle of the parathyroid gland, and investigation as to the results of continued overdosage with parathormone were immediately begun. In 1925 Hoffheinz noted generalized decalcification in twenty-seven of forty-five cases of enlarged parathyroid glands. Later in 1925 Mandl tested Erdheim's theory of compensatory hypertrophy by grafting parathyroid tissue into a case of Von Recklinghausen's disease. When the patient became worse he removed the transplanted tissue and also a parathyroid adenoma. The patient immediately improved. The success was repeated by Gold in 1927. Rankin, Barr and others had similar cases in 1929. Since that date about one hundred cases have come to operation and nearly two hundred cases have been reported.

INCIDENCE:

Wilder and Howell by a statistical study have found that the great majority of cases have been reported from the north Atlantic states, the Scandinavian states, and England and Scotland. Apparently there is a regional distribution of hyperparathyroidism as there is of hyperthyroidism. Reported cases show that the condition is three times more prevalent in the female than in the male. The majority of cases occur between the ages of thirty-five and fifty-

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five, but cases have occurred as low as thirteen years of age and as high as seventy-four years of age.

ETIOLOGY:

As to the etiology, the bulk of evidence at present seems to indicate that a lack of ultra-violet radiation and vitamin D causes hyperparathyroidism in susceptible individuals. Most cases have been reported from areas which have the least sunshine and the most haze, fog and smoke. Apparently lack of vitamin D stimulates the parathyroids and the fetal cell rests which occur very rarely are stimulated to form adenomata with the resultant increase of parathormone.

SYMPTOMS:

As with all endocrine or metabolic disorders the symptoms of hyperparathyroidism may be elicited in every one of the various systems of the body and for this reason the condition has a very varied symptomatology. After Jacobs and Bisgard I will divide the symptoms into three groups, namely:

1. Those due to hypercalcemia,
2. Those caused by skeletal changes, and
1. Those caused by increased excretion of calcium and phosphorus in the urine.

1. **Hypercalcemia:** Increased calcium content of the blood decreases the excitability of the nerve-muscle apparatus. This is in direct contrast to calcium tetany which is due to hypoparathyroidism. The hypotonicity leads to many symptoms such as lassitude, ptosis, constipation, anorexia, vomiting and even flat feet. In the majority of cases the outstanding symptoms caused by hypercalcemia are muscular weakness, fatigue, and a peculiar shuffling gait. The weakness is so severe that over one-third of the reported cases have been bedfast. In borderline cases the muscular atony has caused vague and very varied symptoms and these patients have been diagnosed neurasthenics, neurotics, etc. Of course hyperparathyroidism cannot be diagnosed by such vague symptoms as these, but coupled with other symptoms and findings they give a very definite picture of a very definite entity.

2. The most outstanding symptoms due to skeletal changes are those resulting from weight bearing on the calcium depleted and softened bones. As the disease is a progressive one early or mild cases show merely generalized osteoporosis. As this progresses the bodies of the vertebrae collapse and kyphosis becomes evident. Since calcium is first removed from spongy bone this kyphosis is a fairly early symptom. The action of the muscles of respiration on the softened ribs cause collapse of the thoracic cage at the costo-chrondral junction. These changes give a fairly typical deformity of the chest which consists of prominent sternum, depressions on each side of the sternum, kyphosis, and usually flaring of the costal margins. The pelvis is affected late in the condition and may become wedge shaped from weight bearing. The angle between the neck and shaft of the femur is sometimes lessened and this leads to prominence of the greater trochanters and apparent widening of the pelvis. The decrease in this angle together with the collapse of the vertebrae results in an appreciable reduction of the height. Bone cysts, especially of the mandible and the terminal ends of the long bones, are a common late finding although cysts of the mandible have occurred early.

The most pronounced symptom, and the one which usually brings the patient to the physician, is severe pain most often located in the back, arms and legs. This occurs very early in the condition and continues throughout the course. The pain is usually described as dull, deep and boring and is often so severe as to require opiates. The bones are tender to pressure and this is most pronounced over localized pathology, such as bone cysts. Bowing of the legs and pathological fractures are not uncommon.

3. The symptoms cause by increased calcium and phosphorus in the urine are polyuria, polydipsia, those resulting from calculi and those resulting from impaired renal function. Calculi have been found in over fifty percent of the cases reported. It is very important to realize that renal symptoms may antedate skeletal changes. Renal colic, hematuria and persistent albuminuria may be the only presenting symptom of hyperparathyroidism. The polydipsia and polyuria have led to a mistaken diagnosis of diabetes insipidus.

PHYSICAL EXAMINATION:

As to the physical findings the deformities caused by skeletal changes are so evident as not to need discussion. Generalized muscle and bone tenderness are usually present to some degree. Loss of weight, decrease in height and marked weakness are also present. The findings of the renal disease that is present will be found. The end picture of a markedly deformed, pain-racked individual is a very pathetic one indeed.

X-RAY FINDINGS:

The X-ray findings depend upon generalized decalcification of the skeleton plus giant cell and cyst formation together with the deformities and fractures which result from these. The skull shows a fine mottling concomitant with thickening of the cortex. Some observers believe the skull X-ray to be diagnostic. Cortical thinning with fading or absence of trabeculae are noted in the long bones with or without cysts, bowing or fractures. The vertebrae present multiple compression fractures with concavity of upper and lower surfaces due to the resiliency of the intervertebral discs. Changes in contour are seen in the ribs as well as the pelvis. The terminal phalanges of the fingers may almost disappear and renal stones may be portrayed.

LABORATORY FINDINGS:

Although the diagnosis of hyperparathyroidism may be suggested by symptoms and findings, it must be confirmed by laboratory findings and X-ray data. Classically the condition reveals an elevated blood calcium, a lowered blood phosphorus, and an increase of both calcium and phosphorus in the urine. Usually the blood phosphatase is also increased.

Numerous observers have repeatedly shown that the normal range of blood calcium is 9 to 11 milligrams percent and that of the blood phosphorus to be 3 to 4 milligrams percent. With patient on a normal or low calcium diet the output of calcium and phosphorus will be 3 to 8 times that normally excreted. No other condition presents all these findings. However, it should be mentioned that severe renal insufficiency the serum protein is increased and this combines with calcium and lowers the blood calcium reading. Inability of damaged kidneys to excrete phosphorus raises the blood phosphorus. For this reason renal function tests should be done. Other laboratory findings usually present are secondary anemia due to fibrous replacement of the bone marrow and those urinary findings caused by calculi or renal insufficiency.

DIFFERENTIAL DIAGNOSIS:

As would be expected with a disease which affects so many body systems, there are innumerable other conditions which may be confounded with hyperparathyroidism during its advance from the mild to the advanced stage, a process ordinarily taking years. The most important of these are: Osteomalacia, Paget's disease, metastatic carcinoma, multiple myelomata, xanthomatosis, blood dyscrasias, generalized osteoporosis from the other causes, bone cysts and tumors, osteogenesis imperfecta, muscular dystrophies, diabetes insipidus, diseases of the kidneys, and the arthritides.

Lack of time makes it impossible to discuss the diagnostic points of these diseases. A complete history and physical examination should cause the physician to suspect the disease and the laboratory and X-ray will either confirm or disprove his suspicions.

TREATMENT:

Surgical removal of the causative parathyroid adenoma is the treatment of choice. The usual thyroidectomy incision and exposure suffices for the turning forward of the thyroid lobes. Definite adenomata are not hard to recognize and usually lie behind the thyroid, although adenomata have been reported from above the thyroid to the mediastinum. Novocaine anesthesia is sufficient. The one important post-operative complication is transient tetany which has been reported in the majority of cases and which should be expected. Intravenous calcium or parathormone will control this.

Merrill and Lattman advocate radiation over the parathyroids and report seven cases with satisfactory results. Where operation is impossible or the patient is a very poor risk radiation should be given.

CASE REPORT:

The patient, G. A. C., a white female, age 51, was admitted to the Cooper Clinic on June 1, 1937. The familial history was negative for the usual inherited diseases. The past history was negative for serious illnesses, accidents or broken bones. She has six children living and well. There are no children dead nor has she had any miscarriages. Menopause occurred three years ago and there has been no bleeding since.

The chief complaint upon admittance was pain in back, hips, right elbow and both ankles. The present illness began concomitant with her menopause three years ago. She first noticed pain and edema of both ankles, the edema being worse in the afternoons. This increased in severity and became continuous. One year ago she noticed pain and swelling in right elbow region. This swelling had slowly increased in size, but there had been long periods during which she was entirely free from pain and tenderness. Pain in lower back became prominent six months before admittance and had steadily increased in severity. Two months before admittance patient began having pain in both hips which has increased until patient cannot walk unassisted. She stated that she seemed to be "shrinking up" and had lost inches in height. During the previous year her back had become rounded and her anterior chest had become prominent.

In regard to the gastrointestinal system, patient stated that her appetite was increased and that she drank

large amount of water. She also complained of belching and frequent acid eructations.

As to the genito-urinary system, patient stated she had frequent urination with nocturia of 4 to 5 times nightly. There was pain on urination. Gross hematuria accompanied by severe pain had occurred several times within the previous year.

There were no symptoms referable to the cardio-respiratory system other than marked shortness of breath upon exertion.

There had been a marked weight loss extending over the previous three years.

EXAMINATION:

Physical examination revealed an emaciated white female who appeared in constant pain and walked with a peculiar shuffling gait with assistance. Upon inspection marked kyphosis of dorsal spine was seen. The sternum was prominent and there was a depression upon both sides of sternum. Shortening of spine caused overlapping of costal margin over the iliac crests. The pelvis appeared wide and the greater trochanters were prominent. Both ankles were swollen and tender but did not pit on pressure. The distal end of left humerus presented a globular tumor which was about three inches in diameter. There was generalized tenderness to palpation and this was most marked at left elbow and both ankles.

The eye, ear, nose and throat regions were grossly negative other than absence of teeth and an injected pharynx. Eye ground examination revealed no hemorrhage or cottony patches but there was marked tortuosity of vessels with silver wire appearance. Both lung fields were hyper-resonant with prolonged expiratory breath sounds. Moderately coarse moist rales were heard in left axilary line of fifth to seventh ribs. Tachycardia was present and impulse was forcible. Due to the chest deformity I was unable to ascertain the size of the heart, but I believe it to be enlarged. A loud systolic murmur was heard at all valve areas. A^2 and P^2 were accentuated. Marked generalized arteriosclerosis was present. The blood pressure was 180/96. There were no abnormal abdominal findings nor were any abnormal reflexes elicited.

The laboratory examinations were as follows:

Urinalysis: Acid reaction; specific gravity 1.010; 2 plus albumin; negative for sugar; 27 white cells and red cells too numerous to count. The urine was negative for Bence-Jones bodies. The total red count was 2,000,000 with 40% hemoglobin. Total white and differential count were normal. Kolmer and Kahn tests were negative. The blood calcium was 12.7 milligrams percent and blood phosphorus was 2.9 milligrams percent.

X-ray examination showed generalized decalcification of the skeleton, thickening of the calvarium with mottling, deformity of thoracic cage, multiple compression fractures of vertebrae, bone cyst of left humerus, lessening of angle between shaft and surgical neck of femur, and multiple renal calculi.

Due to poor condition of this patient it was thought best to give X-ray treatment rather than operation. Four daily treatments over the anterior cervical region at monthly intervals were given for three courses. Patitent states she has been free of pain since second treatment of first course. However, patient did have cramping pain in legs after third course. This was thought to be due to calcium tetany and responded to intravenous calcium chloride. A check-up on blood chemistry four months after the treatment showed the calcium to be 10.8 milligrams percent and phosphorus 3.4 milligrams percent.

SUMMARY:

During the past several decades numerous observances have been made in regard to parathyroid adenoma and concimitant generalized skeletal changes. With the advent of the discovery of parathormone and its relationship to calcium metabolism a new clinical entity has arisen; namely, hyperparathyroidism. This disease causes removal and excretion of the normal body calcium and phosphorus, and leads to generalized demineralization, skeletal changes, bone cysts, generalized hypotonicity of the muscular apparatus, renal calculi, and renal insufficiency.

The history, etiology, symptoms, diagnosis, and treatment are discussed:

A new case is added to the literature.

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Rowntree, L. G. Hyperparathyroidism: Case Report. Proceeding Staff Meeting Mayo Clinic. 6-684-688 Nov. '31.

Wilder, R. M. & Howell, L. P. Etiology & Treatment in Hyperparathyroidism. J. A. M. A. 106:427 Feb. 8, '36.

COMING MEDICAL MEETINGS

Kansas City Annual Fall Clinical Conference, Kansas City, October 3-6th.

Fifth Councilor District Medical Society, Camden, October 6th.

Second Councilor District Medical Society, Batesville, October 10th.

Fort Smith Clinical Society, Fort Smith, October 11th.

Fifth Postgraduate Course, Arkansas Medical Society, Little Rock, October 12th and 13th.

Tri-State Medical Society, Texarkana, October 26-27th.

Inter-State Postgraduate Medical Association of North America, Philadelphia, October 31st-November 4th.

Southern Medical Association, Oklahoma City, November 15-18th.

Ninth Councilor District Medical Society, Harrison, December 6th.

Conference of County Health Officers, Little Rock, December 5th-6th.

MEDICAL CARE PLANS

Statement by R. G. Leland, M. D., Director, Bureau of Medical Economics, American Medical Association, before House of Delegates in Special Session, September 16, 1938

The following is an outline of some of the main types of medical care plans now in operation or proposed throughout the United States by the medical profession and other organizations and agencies. A brief discussion of each type of approach is given and the approximate number of such efforts, according to available records which almost always understate the real number. Without prejudice to any other medical societies, I shall mention a few localities in which typical examples may be found.

1. State and County Medical Society Plans—152 operating; 80 proposed.

State and county medical societies have entered into a variety of arrangements in an effort to improve the distribution of medical services. These medical society plans can be divided into three main categories:

(1) Plans to Care for the Indigent Sick—108 operating; 39 proposed. Arrangements entered into by the county medical society and local relief authorities to provide indigent sick persons with free choice of physician, usually to supplant the rather unsatisfactory and inadequate arrangement with county physicians. These arrangements follow either a per capita, fee schedule, or lump sum payment basis.

(2) Post-Payment Plans—27 operating; 27 proposed. These plans are organized by medical societies, often in conjunction with dentists or hospital authorities (customary title is Medical-Dental Service Bureau), to enable persons with low incomes to secure medical, dental or hospital services at rates reduced to the person's ability to pay on a deferred payment basis.

(3) Prepayment Plans—17 operating; 14 proposed. A number of medical societies have experimented with prepayment insurance plans which ordinarily consist of a bureau organized to obtain payments from wage earners in low income groups. Members are entitled to designated services based on a reduced fee schedule and are entitled to free choice of physician, who is paid by the bureau on a pro-rata basis according to the services he performs. These plans are in existence in Georgia, Oregon, Utah and Washington.

2. Group Hospitalization Plans—78 operating; 62 proposed.

These plans consist of a hospital service corporation or association, usually organized by representatives of hospitals or medical societies, which contracts with member hospitals for services and, in turn, contracts with groups of persons to furnish designated hospital service on a prepayment plan.

3. Hospital Insurance Companies—54 operating.

Insurance companies, either newly organized companies usually on an assessment basis or already established stock or mutual companies, which offer a special hospital expense only policy that provides designated cash benefits for expense due to hospital residence. There are also a great many insurance companies which offer special hospital supplements in connection with regular accident and health insurance contracts, as well as companies which offer group hospitalization on a cash indemnity basis in connection with regular group accident and health insurance.

4. Flat-Rate Plans—19 operating.

These are arrangements adopted by certain hospitals whereby an all-inclusive charge is specified for designated services; for example, $50 for obstetric patients exclusive of extras or the services of physician and nurse. There are variations of such arrangements called middle-rate or fixed-rate plans.

5. Industrial Medical Care Plans—At least 2,000.

There are two main types of organizational arrangements for medical care for employees:

(1) Most extensive are the "Industrial Health Services," usually financed by employers, to provide first aid and emergency care for employees and to supervise plant hygiene and safety conditions.

(2) The "Industrial Medical Service Plans" which provides more extensive medical care for employees and often for their dependents. "Industrial Medical Service Plans" take a variety of forms which can be classified as follows:

(a) Arrangements, usually financed entirely by the employer, whereby employees and sometimes their dependents receive extensive medical service from physicians employed in company-owned hospitals or from physicians and hospitals under contract with the employer.

(b) Employee associations, financed largely by the employer, to provide employees and their dependents with extensive medical services in an association-owned "clinic" or by contract with an independently organized "clinic."

(c) Associations of employees, financed largely by the employee and in part by the employer, to provide employees and their dependents with medical services by means of an agreed fee schedule with the local county medical society.

(d) Mutual benefit associations of employees, financed entirely by the employees, whereby funds are collected to provide benefits in cash for members. In addition to cash benefits for loss of time, several of the associations pay cash benefits for medical and hospital expenses. A recent report recorded 306 such associations. Only a few of these associations provide services "in kind" through salaried physicians and association-owned hospitals or through physicians and hospitals under contract with the association.

(e) Group insurance policies with insurance companies, financed in part by the employee and in part by the employer, whereby a cash benefit equivalent to a percentage of the weekly salary is paid to an employee absent from work because of sickness or accident. Seven million employees are reported to be included under such group insurance policies.

6. Medical and Hospital Benefit Organizations —at least 500.

Such organizations include a great variety of arrangements whereby funds are accumulated from members through the sale of membership certificates or contracts. Medical and hospital services are offered through hospitals and clinics by the organizers or through physicians and hospitals under contract with the organizers. Some of these plans have been the most undesirable of all proposals for the distribution of medical services, such as the 143 organizations in one state which defrauded thousands of persons who thought they were purchasing low-cost medical services. Other of these organizations are wholesale buying clubs to induce physicians to provide services at a 50 per cent discount for members who pay dues. Still other such organizations are cut-rate "clinics," most of which contract with employers to provide medical services for employees. A few of these organizations are on a community-wide basis, and pay cash benefits to members for designated medical services. Most of the so-called "community health associations" are privately operated organizations, contracting with a cut-rate clinic or a small group of physicians.

7. Union Sick Benefit Funds and Fraternal Plans —at least 24.

Organizations similar to mutual benefit associations except that they are not limited to one company, but include all members of a trade union or a fraternal order. Most of these organizations are on a national basis and provide cash benefits for loss of time and for medical and hospital services through companies organized under the fraternal insurance laws. Frequently the local branch or lodge enters into contractual relations with local physicians and hospitals to provide medical services and hospitalization for members. Such "lodge practice" plans provide members with only a meager service and are generally considered the worst type of contract practice.

8. Group Practice Plans—at least 300.

Group practice or so-called "private group clinics" are arrangements whereby physicians cooperate in their practice, share office space, own certain kinds of equipment, and employ lay assistance in common. Only a small percentage of such groups of physicians have entered into arrangements to provide patients with medical services on a prepayment basis.

9. Student Health Services—at least 300.

Organizational arrangements in colleges and universities to supervise and protect the health of students on campus through entrance examinnations, consulations, infirmary care, instruction personal and public hygiene and control of communicable disease. Such organization might be compared to industrial health services with particular emphasis on health education. Educators and several surveys have criticized those student health services which over-emphasize curative medical services to the detriment of the more essential health education program.

10. Rural Medical Care Plans

There are two main types of rural medical care plans:

(1) "Health Associations" organized by a group of residents to guarantee a physician an annual income as an inducement to locate in the community. Subsidies and bonuses to induce a physician to locate

in a rural community are also sometimes offered by local authorities or by a private individual. Only five community health associations are known to be in existence. The number of bonus or subsidy arrangements is not known.

(2) Farm Security Administration plans to provide medical service for low income or destitute farm families. In most states, the arrangements enable Farm Security Administration clients to obtain a loan and to pay physicians directly on a reduced fee basis or the clients to pool their funds with a trustee who pays properly verified bills from physicians according to a reduced fee schedule. In a few states, associations of Farm Security Administration clients have been organized to hire certain physicians to provide medical service for members. Farm Security Administration plans which are usually on a county basis are in operation in 20 states.

11. Credit and Collection Bureaus—at least 50 operating; 25 proposed.

Credit and collection bureaus are organized by medical societies or by groups of physicians to provide a credit rating and collection service for members. Frequently, these bureaus arrange for post-payment of medical bills similar to medical-dental service bureaus, and some have organized plans to assist patients in financing medical bills.

These illustrations should be sufficient to show that there has developed in the United States a large variety of methods of distributing medical services. Some of the plans have been in operation sufficiently long to reveal definite defects—others are still in a developmental and experimental stage. Still others give promise of value.

The large number of plans that are now in operation does not include all the agreements between county medical societies and the Farm Security Administration. The details of these plans are on file in the Bureau of Medical Economics.

The most fortunate and hopeful feature of this development to provide means by which people may secure medical services lies in the fact that in the United States there has been and is yet the freedom to develop and direct efforts along dissimilar lines. As yet the road has not been closed by legislation to the search for a variety of appropriate ways of distributing medical services. Once that road is closed by legislation it will become increasingly difficult for county medical societies and other organizations to develop the measures that seem most appropriate for the local conditions of widely different communities.

COMMITTEES FOR 1938-39

STANDING COMMITTEES

(Appointments expire with annual session of the year indicated.)

SCIENTIFIC WORK—R. B. Robins, Camden, Chairman (1939); Ralph Sloan, Jonesboro (1940); E. C. Moulton, Fort Smith (1941); W. R. Brooksher, Fort Smith (1941).

MEDICAL LEGISLATION—Joe F. Shuffield, Little Rock, Chairman (1940); L. J. Kosminsky, Texarkana (1940); S. J. Allbright, Searcy (1940); Euclid Smith, Hot Springs National Park (1939); Stanley M. Gates, Monticello (1939); M. L. Norwood, Lockesburg (1941); W. G. Eberle, Fort Smith (1941).

HEALTH AND PUBLIC INSTRUCTION—W. B. Grayson, Little Rock, Chairman (1940); A. M. Elton, Newport (1940); W. B. Bruce, Helena (1940); J. B. Jameson, Camden (1939); B. L. Ware, Greenwood (1939); E. J. Munn, El Dorado (1941); H. Fay H. Jones, Little Rock (1941).

MEDICAL EDUCATION AND HOSPITALS—W. G. Hodges, Malvern, Chairman (1939); J. W. Amis, Fort Smith (1941); Alan G. Cazort, Little Rock (1941).

PUBLIC RELATIONS—W. T. Wootton, Hot Springs National Park, Chairman (1939); S. C. Fulmer, Little Rock (1940); G. R. Siegel, Clarksville (1941).

MEDICAL ECONOMICS—J. G. Gladden, Harrison, Chairman (1940); T. O. Guthrie, Smithville (1940); W. Decker Smith, Texarkana (1939); A. F. Hoge, Fort Smith (1939); B. A. Rhinehart Little Rock (1941); F. A. Corn, Lonoke (1941); Paul Mahoney, Little Rock (1941).

SCIENTIFIC EXHIBIT—C. S. Moss, Hot Springs National Park, Chairman (1941); A. H. Hathcock, Fayetteville (1940); Geo. V. Lewis, Little Rock (1939); E. H. White, Little Rock (1940).

AUXILIARY—W. H. Mock, Prairie Grove, Chairman (1941); Hoyt R. Allen, Little Rock (1940); Don Smith, Hope (1939).

NECROLOGY—L. T. Evans, Batesville, Chairman (1941); E. E. Barlow, Dermott (1940); Thos. Douglass, Ozark (1939).

CANCER CONTROL—Fred H. Krock, Fort Smith, Chairman (1940); J. S. Stell, Hot Springs National Park (1939); L. M. Smith, Russellville (1941).

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CONTROL OF SYPHILIS—D. W. Goldstein, Fort Smith, Chairman; Louie G. Martin, Hot Springs National Park; O. C. Melson, Little Rock.

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STUDY OF MIDWIFERY—H. T. Smith, McGehee, Chairman; Fount Richardson, Fayetteville; M. C. Hawkins, Jr., Searcy; J. M. Lemons, Pine Bluff.

LIASON WITH ARKANSAS TUBERCULOSIS ASSOCIATION—A. C. Shipp, Little Rock, Chairman; H. A. Stroud, Jonesboro; Guy Hodges, Rogers.

SURVEY OF NEED AND SUPPLY OF MEDICAL CARE—A. S. Buchanan, Prescott, Chairman; S. W. Douglas, Eudora; C. G. Hinkle, Batesville; R. R. Kirkpatrick, Texarkana; M. E. McCaskill, Little Rock.

HISTORY OF ARKANSAS MEDICAL SOCIETY—Frank Vinsonhaler, Little Rock, Chairman; M. L. Norwood, Lockesburg; E. F. Ellis, Fayetteville; Robert Caldwell, Little Rock; W. T. Wootton, Hot Springs National Park; H. Moulton, Fort Smith; J. M. Lemons, Pine Bluff; E. E. Barlow, Dermott; D. A. Rhinehart, Little Rock; W. H. Mock, Prairie Grove; L. J. Kosminsky, Texarkana; F. O. Mahony, El Dorado; M. E. McCaskill, Little Rock; Geo. B. Fletcher, Hot Springs National Park; O. J. T. Johnston, Batesville.

TUBERCULOSIS ABSTRACTS

A Review for Physicians

ISSUED MONTHLY BY THE NATIONAL TUBERCULOSIS ASSOCIATION

AMONG the large number of papers presented at the 34th Annual Meeting of the National Tuberculosis Association at Los Angeles, on June 20 to 23, were many of interest to the general practitioner. Before each annual meeting the Association prepares an "Abstract Sheet" of papers to be read in the Pathological, Clinical, Administrative and Social Work sections. Space prevents the presentation here of more than a few.

From the Presidential Address:

A Look Backward and Forward

J. Arthur Myers, M. D., Minneapolis, Minn.

Our methods of treatment have advanced as fast as those for diagnosis. The indications for artificial pneumothorax have extended to the minimal lesion; surgical collapse has been introduced and perfected. The importance of the re-education and rehabilitation of recovering tuberculosis patients has been recognized and these programs are being developed everywhere. Largely as a result of the activities of the National Tuberculosis Association, mortality, morbidity, and infection attack rates have fallen spectacularly. Indeed, far more has been accomplished in the control of tuberculosis since the organization of the National Tuberculosis Association than in all the centuries of the past.

This is no time to relax our efforts; our programs must be extended and intensified. In many parts of the country more sanatoriums must be built; more general hospital beds must be made available. No community can hope to solve its tuberculosis problem until it has institutional beds available for every person who has tuberculosis in communicable form. The National Tuberculosis Association and all of its component organizations can control tuberculosis in this nation. As long as there is a single infected person in any community a tuberculosis problem exists which must be combated.

Primary Tuberculosis Infection in Adults

Henry C. Sweany, M. D., Chicago, Ill.

The classical primary tuberculosis infection based on the Parrot Cornet-Cohnheim laws and the work of Ghon, Ranke and others, has apparently been so well established that any exceptions would tend to "prove the rule" rather than invalidate the established principles.

Within these general laws, however, there are variations that occur rather consistently, forming definite types. It has been repeatedly observed and reported that aboriginal peoples produce primary lesions much like those found in infants, and as a result of this it has perhaps been prematurely concluded that primary disease is always the same, irrespective of the age or race.

Primary infection in so-called civilized races has, perhaps, been considered similar to that in the aboriginal, but because of such a high infection rate in the past, the older age groups have all been infected before adult life, and there hasn't been sufficient opportunity to study the condition.

During the last generation, however, there has been a great change in the tuberculosis incidence over the so-called civilized world. The infection rate has gone down so much that in a great many places less than half or even a quarter of the population is infected at any one time, whereas a generation ago over three-quarters were infected by 15 years of age. In Chicago at the present, for example, the infection rate is such that about two-thirds of the population is uninfected by the time of graduation from the high school. In rural Minnesota, Iowa, and in regions of Scandinavia, it is even much lower. This changing condition is permitting more people to reach adult life without primary tuberculosis infection, and as a direct corollary there are many more people receiving their primary infection in adult life. That in itself should be no mystery, but the important feature is that many of these primary infections are apparently not being recognized as such.

During the course of my studies on the autopsy material at the Municipal Tuberculosis Sanitarium, many of these cases of adult primary infections have appeared and are so frequently atypical that a special study of this type seemed justified. In brief, the study seemed to show

that adult primary infections tend to become more localized in the parenchyma of the lung, and simulate the so-called reinfection type so closely that many times they are distinguishable only after careful study.

The most common type of these atypical forms are characterized by a small, parenchymal lesion that overflows into the surrounding tissues (perhaps by the finer bronchioles, as described by Loeschke), causing the formation of larger infiltrative masses which ulcerate into the reinfection type of disease. It is reinfection disease, but is connected by a direct chain of colonies to the first infection, and usually within a short period of time.

Another feature of this type of lesion is the small lymph node involvement. Sometimes the hilum nodes are not even reached. Perhaps contingent upon this also is the fact that primary adult infections practically never develop meningitis, as do children and almost all fatal cases in infancy.

Other features are that there is a greater tendency for these lesions to appear in upper halves of the lungs; for a slower development of the capsule and therefore a possible cause of early spread in unfavorable cases; for a shorter "latent period" from the infection to disease; and in general a closer resemblance to reinfection throughout.

The reasons for these variations are not yet predictable, but one factor seems to be the changing of the lymphatic anatomy as the individual advances in age. Another possibility is a non-specific factor, or factors, due to other infections causing the generation of non-specific antibodies or agents that tend to localize the germs and prevent their spread by the lymphatics. This perhaps could be explained on the same basis as the adjuvant action of non-specific protein on immunization in tuberculosis. The facts seem to be that the more primitive the living conditions of the hosts, the more "classical" are the primary lesions in adults, and on the contrary the more centralized the population the more atypical are the "oldest" tuberculosis lesions in the body.

Growth Factors for the Tubercle Bacillus

C. H. Boissevain, M. D., and H. W. Schultz, M. D., Colorado Springs, Colo.

The tubercle bacillus grows rapidly and well on simple synthetic media but needs very heavy seeding. No growth occurs if less than 10^{-1} mg bacilli are planted. On egg medium, on the other hand, growth occurs after seedings of 10^{-6} or 10^{-7} mg.

A possible explanation is that the tubercle bacillus needs another factor for growth in addition to the well-known asparagin, glycerine, phosphate, magnesium, potassium and iron. It has recently been found that certain pathological micro-organisms as staphylococci and diphtheria bacilli need accessory growth factors, as nicotinic acid amide and thiamin (vitamin B_1). The possibility of the existence of such a growth factor for the tubercle bacillus is of special interest as it may lead to the control of the disease by diet.

We first investigated the possibility of riboflavin (vitamin B_2) being the accessory factor as we had been able to identify riboflavin in cultures of tubercle bacilli by its fluorescence spectrum. However, the addition of riboflavin, either alone or together with other substances had only a very slightly favorable effect.

The growth promoting substance can be isolated from egg yolk by extraction with fat solvents. When this fat soluble growth factor is added to a synthetic medium, it forms a culture medium on which tubercle bacilli grow more rapidly than on egg medium, even after very small plantings.

Extracts have been prepared of this growth promoting factor which are active on addition of 1 mg to 5 cc medium, representing a 5000 times greater activity than is found in the egg yolk. Further study is needed to isolate and identify this material.

The Old Clinician says: "It is as futile for a physician to attempt to base a diagnosis on a single symptom as for an architect to attempt to determine the appearance of a house by seeing one of the stones which has been removed from its walls."—Hare.

Whereas, the precepts of Pasteur and Lister have made it feasible to explore practically every body cavity with impunity, when the surgeon is confronted with established infection, the problem is essentially the same as it was before the days of Lister.—Wangensteen.

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EDITORIAL

THE SPECIAL SESSION OF THE HOUSE OF DELEGATES OF THE AMERICAN MEDICAL ASSOCIATION

For the third time in the history of the organization the House of Delegates of the American Medical Association convened in special session at Chicago, September 16th and 17th, 1938. 164 of the 175 delegates accredited were present for this unusual gathering. Convened to study the proposals of the National Health Conference held in Washington, July 18-20th, the House promptly undertook the study of the five main recommendations of the Technical Committee on Medical Care to the Interdepartmental Committee to Coordinate Health and Welfare Activities. Briefly stated, these proposals would provide: (1) expansion of public health and maternal and child health services; (2) expansion of hospital facilities; (3) medical care for the medically needy; (4) a comprehensive program designed to increase and improve medical services for the entire population; and (5), insurance against loss of wages during sickness.

The deliberations of the House of Delegates upon these recommendations and proposals were most thoughtful. Other than the time for incidental organization of the House, the entire session was devoted to their consideration, the various reference committees spending many hours in minute study of all phases of the report of the health conference. As finally adopted, it is believed the general principles embody the ideals of the medical profession as modified by a changing social order.

On proposal number one, the House emphasized its approval of the establishment of a Federal department of Health, a cabinet position, but is adamant in its insistence that this be filled by a doctor of medicine. The expansion of public health activities, ever the concern or organized medicine, received the approval of the delegates. As a principle, it was stated that treatment under public health auspices would be approved only where such was not available by a private practitioner.

As to extension of hospital facilities, the House felt that this should take place only where need was shown to exist. It is felt that the use of present facilities is of more importance than new construction. Payment for the necessary hospitalization of the medically needy in our present non-governmental hospitals would tend to improve their stability and efficiency. It was noted that no provision was suggested by the health conference for maintenance of hospitals established under this expansion program.

Complete medical care of the medically indigent is considered a community responsibility while it is realized that state or federal aid may be needed. The House felt that this should be handled solely as local problem by cooperation between the local medical profession, its allied groups and other agencies. It is generally recognized that there is no plan applicable to all sections of the country. Each state is urged to develop a well-rounded program with the federal government assuming an advisory role.

The principle of hospital service insurance received the approval of the House but it is distinctly understood that this must be confined to the furnishing of hospital facilities and care and must not include medical care. County medical societies, with the approval of the state societies, are urged to settle this problem. It was felt that such plans should be of a community nature and of a non-profit character.

Speaking for the medical profession of America, firm opposition was again expressed to com-

pulsory health insurance. Workmen's compensation laws were held sound and their expansion was recommended.

Compensation for loss of wages during sickness was endorsed. In the interests of good medical care, the attending physician should be relieved of the responsibility of certification of this, a proper function of a medical officer of the disbursing agency.

It is readily seen that new obligations and duties have been placed upon the organized medical profession if these broad, general principles of the House of Delegates are to have their full effect. That the medical profession generally sees the necessity for a more general participation in plans to insure a more complete medical care for all the people, was obvious from the actions of their representatives in this session. Whether the private practice of medicine is to survive depends, almost in its entirey, upon the zeal and earnestness with which county medical societies and individual physicians take hold of the problem and work toward its successful solution.

POSTGRADUATE STUDY COURSE

Members have received the program for the Fifth Postgraduate Study Course conducted under the auspices of the Committee on Postgraduate Study of this Society and to be held at the University of Arkansas School of Medicine, Little Rock, October 12th and 13th. Recognizing the value of bringing to the individual member the advances in diagnosis and treatment, the Society wisely delegated this duty to a committee which has functioned in a most satisfactory manner. To keep posted on the newer methods in medicine is a prime obligation of the physician. The Committee on Postgraduate Study has exerted its best efforts to make such knowledge available at a minimum of time and expense. You can best express your appreciation of their unselfish work by being present for the fifth course, October 12th and 13th.

THE MEDICAL SURVEY

At this late date returns in the survey of medical needs and care in the various county medical societies have been pitifully meager. Some misconceptions appear to exist. First, this is not a survey by governmental or outside lay agencies, but a survey conducted by the medical profession itself in order that it may have accurate and complete statistics of the need and supply of medical care in Arkansas. Second, this is not a survey of the members of the Arkansas Medical Society alone; it embraces all physicians, dentists, druggists, health agencies, hospitals, and, in short, every person or agency in Arkansas which deals with the care of the sick or injured. Nothing less than a full return from each county will suffice to present a correct inventory of medical care in Arkansas. With a complete and accurate survey, county medical societies and the state society will have available data which will permit the introduction of additions or modifications to our present plan of care, if such are needed. With threatening governmental intervention in the provision of medical care, the importance of the survey becomes vital: this is a MUST job; IT CAN AND WILL BE DONE IN ARKANSAS.

EDITORIAL COMMENT

Among the resolutions adopted by the American Legion, Department of Arkansas, at its 1938 annual convention held in Texarkana was the following:

"RESOLVED, That the policy of the Veterans Bureau should be so amended that osteopathic and chiropractic therapy shall be made available to veterans, under the provisions of the law, through the various regional offices of the Veterans' Administration; and

"That physicians of the osteopathic and chiropractic schools of medicine be accorded the same privilege of rendering service to veterans as that accorded physicians of any other school."

In view of the remarkable services rendered in the World War by these so-called healing branches, we presume this belated recognition is but their due from the leading organization of ex-service men. We can but ponder, however, where the many physician members of the Legion were when this resolution was adopted. Eternal vigilance is not too great a price to pay for the ideals and privileges of a great profession—yours and mine.

Anyone so naive as to believe that all governmental measures are for the good of the people and the people alone, should refresh their historical knowledge.—Jackson County, Missouri, Weekly Bulletin.

PROCEEDINGS OF SOCIETIES

The White County Medical Society met September 14th in dinner session at Searcy. The following program was presented: "Malaria in Arkansas," Doyle Fulmer, Little Rock; "Respiratory Infections in Children," B. P. Briggs, Little Rock, and "Changes in the Cervix and Uterus," M. J. Kilbury, Little Rock.

The Sixth Councilor District Medical Society met at DeQueen September 13th for the following program: "Treatment of the Failing Heart," Geo. L. Carlisle, Dallas; "Mental Depressive Psychoses," Geo. B. Fletcher, Hot Springs National Park; "Urinary Infections," H. King Wade, Hot Springs National Park; "Evaluation of the Systolic Murmur," Chas. T. Chamberlain, Fort Smith, and "Local Anesthesia in Obstetrics" (motion picture), Ralph Weddington, Fort Smith. The scientific program was followed by a dinner. The society will next meet at Hope.

The Ouachita County Medical Society met in regular monthly session September 1, at the Camden Hospital. Dinner was served by the nurses at the hospital. After dinner the following program was rendered: "External Diseases of the Eye of interest to the General Practitioner," (illustrated) Raymond Cook, Little Rock; and "The Ophthalmoscope and the General Practitioner," K. W. Cosgrove, Little Rock.

R. B. Robins, Secretary.

The Sebastian County Medical Society was addressed September 13th by F. H. Krock on "Factors in Estimation of Disability."

L. M. Henry, Secretary.

NEW RADIO SERIES

The American Medical Association and the National Broadcasting Company are cooperating again this year to present a weekly series of health broadcasts. The first program will go on the air Wednesday, October 19, 1938, at 2 p. m., eastern standard time, which is 1 p. m. C. S. T., 12 noon, M. S. T. and 11 a. m. Pacific time. It will be heard at that time each Wednesday over stations affiliated with the Blue network.

Oct. 19—WHAT IS HEALTH?
Oct. 26—GROWING STRONG
Nov. 2—SEEING AND HEARING WELL
Nov. 9—HEALTHIER BOYS AND GIRLS

These radio programs are not "talks." They are dramas taken from real life, written by an experienced writer of radio network dramatic features.

PERSONALS AND NEWS ITEMS

H. J. Hall has moved from Higden to Clinton.

J. H. Lamb, Paragould, is recovering from recent surgical treatment.

H. H. Smith, Fort Smith, spent an August vacation in Michigan, Wisconsin and Canada.

O. J. T. Johnston has been elected surgeon of the Batesville post of the American Legion.

S. P. Stubbs, Fort Smith, spent a vacation in August at Carlsbad Caverns.

Dr. and Mrs. A. W. Strauss, Little Rock, spent a recent vacation in Chicago and in the Ozarks.

J. E. Stevenson, attended the Grand American Tournament at Vandalia, Ohio, in August.

H. A. Higgins, Little Rock, spent the month of August in Mexico.

Dr. and Mrs. J. B. Askew, Batesville, took a motor vacation to Ohio and Illinois in August.

Chas. T. Chamberlain, Fort Smith, addressed the LeFlore County (Oklahoma) Medical Society at Poteau, August 29th, on "Heart Murmurs."

Dr. and Mrs. S. J. Wolfermann, Fort Smith, spent a September vacation in Colorado.

R. L. Smith, Russellville, addressed the soldier's reunion at Gravel Hill September 1st.

R. F. Baskett has been elected surgeon of the Texarkana post of the American Legion.

R. B. Robins, Camden, has been elected a fellow of the American College of Surgeons.

O. R. Kelly, Sheridan, recently studied at the State Sanatorium.

W. B. Grayson recently addressed the Little Rock Rotary Club.

Earle H. Hunt and G. R. Siegel spoke at the dedication of the Johnson County Hospital, Clarksville, August 21st.

BORN—a son, to Dr. and Mrs. Ralph Crigler, Fort Smith, on August 20th.

G. R. Siegel, Clarksville, and C. H. Reagan, Marked Tree, have been appointed to the honorary committee of the district governor of Lions Clubs in Arkansas.

S. J. Wolferman, Fort Smith, and J. D. Riley, State Sanatorium, have been appointed first and second vice-chairmen, respectively, for the Christmas Tuberculosis Seal Sale in Arkansas.

Euclid Smith, Hot Springs National Park, and Val Parmley, Little Rock, were program participants in the annual session of the American Congress of Physical Therapy, held at Chicago in September.

The following have been appointed consultants to the state board of health: A. C. Kirby, Little Rock, pediatrics; E. H. White, Little Rock, obstetrics, and H. Fay H. Jones, Little Rock, syphilis control.

Dr. and Mrs. J. K. Wayne, Little Rock, spent a recent vacation in Florida and Cuba.

W. J. Mathis, Cotton Plant, celebrated his 87th birthday September 7th.

W. F. Shearer, Little Rock, took special work at the Mayo Clinic in September.

L. J. Kominsky, Texarkana, attended the American Legion convention in Los Angeles.

J. D. Riley, State Sanatorium, presided over the sessions of the Southern Sanatorium Association as president at Louisville, September 19-21st. Harvey Shipp, Little Rock, was also in attendance.

Scholarships in public health have been awarded F. L. Fatherree, Jonesboro, Harvard University, and D. K. Dykstra, Morrilton, Johns Hopkins University.

"Poliomyelitis—A Review" by S. F. Hoge, Little Rock, appeared in the September issue of The Mississippi Doctor.

OBITUARY

VERNON TARVER, Star City, aged 40, died at a Little Rock hospital September 11th. Born June 20th, 1898, he attended the University of Arkansas and graduated from the University of Arkansas School of Medicine in 1926. He practiced for four years at Huttig and then removed to Star City. For a number of years he had served as secretary of the Lincoln County Medical Society. At the time of his death he was coroner for the county. In addition to his membership in the county and state societies, he was a fellow of the American Medical Association and a member of the Southern Medical Association. Other affiliations were the Royal Arch Masons, the American Legion and the Presbyterian Church. During the World War he served in the U. S. Navy.

Surviving him are his mother and several brothers.

RANDOM THOUGHTS OF THE SECRETARY

September 5th. Floods in a western state gone, we return to duties on labor's festive day, greeted with communications to this column by Geo. B. Fletcher, F. P. Hardy and Fount Richardson—a veritable avalanche of fan mail, the like of which we have never before observed.

September 7th. In casual conversation with B. B. Bruce, we steer the conversation to those famous turkey dinners of his and leave the thought with him.

September 8th. This day there comes comment from the Ouachita County Medical Society relative to the Special Session of the House of Delegates of the American Medical Association, the first and only reply to a letter requesting such comment for guidance of the delegates. Thus does this county medical society continue to justify the praise of D. A. Rhinehart as "the best in the state."

September 9th. At long last we are greeted with a summary sheet of the survey of medical needs and care, the honor of being the first to make report going to another of our aggressive units—the Lawrence County Medical Society. It does appeaar that the period July 1st to September 10th would be productive of more completed reports. Truly, the imperative need for this data does not mean much to the individual physician and prompts discouragement on the part of those who are working to obtain this accurate, complete inventory of medical services in Arkansas.

September 16th. Armed with the expression of an opinion from three of the component county medical societies of the state, we seat ourselves in the special session of the House of Delegates of the American Medical Association, observing immediately that there has been a change in the expressed attitudes of this body since the San Francisco session.

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DIAGNOSIS OF ACUTE ABDOMEN*

G. E. CANNON, M. D.
Hope

To differentiate the acute abdomen is an important part of the abdominal surgeon's work. When we know what we are going to find in the abdomen the work can be done more satisfactorily and with much more dispatch than when we are uncertain. Very few exploratory incisions should be made in this day of scientific equipment and well-grouped medical education.

Because we see many more acute appendices than any other one abdominal lesion it is possibly more easily diagnosed than most other abdominal disorders, though it is too easy sometimes to say "he has appendicitis."

This patient comes with the history of severe pain in the epigastrium or around the umbilicus, accompanied usually with vomiting, elevation of temperature and blood count, rapid pulse and a rigid, tender abdomen. The pain, in three to eight hours, shifts to the region of McBurney's point. The blood count usually increases in accordance with the infection, even going up to 20,000 to 30,000 in a few hours where a rupture exists. If nature takes care of the rupture the active condition is confined to the right abdomen, but in large ruptures and in most all cases in children the leakage has involved the whole abdomen. With this picture before us we can readily diagnose the case and almost be safe in saying whether or not a rupture has occurred.

Acute salpingitis, where the pus is pouring out of both tubes into the abdominal cavity, may be diagnosed and operated for appendicitis and it may seem like a justifiable mistake, but with much care we can almost always avoid this error. If the error is made the care and after results in such cases does not differ much from the appendix cases. The pain in acute salpingitis is more constant, more bilateral, and not so severe as in appendicitis. The blood count is not so high and sepsis is not so marked. A positive gonococci slide from the vagina should aid the diagnosis. A pelvic examination shows much tenderness of the pelvis on pressure in the acute stage and a fixed pelvis in the old cases. There is seldom vomiting or digestive disturbances in salpingitis.

The twisted ovarian pedicle produces great pain, some nausea and vomiting with tenderness on the affected side. The pain is constant, not paroxysmal, but no fever or elevation of blood count is noticeable for several hours. The ovary, if large, may be felt through the abdominal wall. If a vaginal examination can be made, a tender mass can be felt on the affected side. This can be differentiated from extra-uterine pregnancy because this pain is constant, while in extra-uterine pregnancy it is more paroxysmal. Sepsis comes up in this and does not in the unruptured extra-uterine pregnancy. Here we seldom have uterine hemorrhage. Sometimes we see these cases on the third or fourth day, when sepsis is marked, temperature high, with a constant severe pain and a high blood count. Then diagnosis is easy.

Ruptured extra-uterine pregnancy is an interesting subject and error in diagnosis should seldom be made if a careful history and definite symptoms are recorded. Usually a period has been skipped for a week or ten days. Paroxysmal pains come on with a mild uterine hemorrhage beginning and stopping but the hemorrhage is never excessive. This may be considered an abortion but no membranes pass as in an abortion. With these symptoms present, the volume of hemorrhage is not as great as a careful examination will detect a mass in the tube before a rupture, but seldom will a patient consent to an operation before rupture occurs. When rupture occurs, about the sixth or seventh week, there is shock, possibly fainting, pallor and great pain. In a short while the white count goes to 14,000 to 18,000, and frequently a peculiar pain occurs under the shoulder of the affected side. If the internal hemorrhage is excessive it will increase the pulse rate and indicate that

* Read before the Sixty-third Annual Session of the Arkansas Medical Society, Texarkana, April 18, 1938.

the patient is in a serious condition. With considerable hemorrhage the fluctuating mass may be detected in the pelvis. Sometimes the hemorrhage is so small that it may be absorbed and the patient get well without operation.

One case was sent into the hospital on the eleventh day after rupture with a temperature above 102 degrees, high blood count and instructions were sent to operate for an abscess of the ovary. The fluid in the right pelvis pushed out the vagina at the vulva. An aspirating needle was used which enabled us to reach a diagnosis of rupture. A severe hemorrhage from a ruptured Graffian folicle is very seldom seen, but when it occurs it is impossible of differentiation from a ruptured extra-uterine pregnancy except at operation. There may be similar paroxysmal pains with uterine hemorrhage in both cases. Both are emergency operations and treatment and results are very similar.

Passage of a kidney stone probably produces more acute pain than any other abdominal lesion. The pain is usually unilateral with no fever and seldom any vomiting. The pain begins in the loin and extends downward to the urinary bladder and even into the uretha. When the stone drops into the bladder the pain ceases and there is rarely soreness or disturbance following. Most kidney stones are readily detected by the X-Ray either in kidney, uretha or bladder. The urinalysis always shows blood and frequently pus cells. There is possibly no lesion of the acute abdomen easier to diagnose than passage of kidney stones.

The pain caused by the passage of gall stones is hard to localize. It begins in the gall bladder region, but soon diffuses itself throughout the chest, with a deep choking pain and must be differentiated from an anginal pain, a ruptured peptic or duodenal ulcer or cholecystitis. With this excruciating pain there is vomiting but no fever as found in acute cholecystitis. The anginal pain extends down the arm and comes in the aged and with high blood pressure. In rupture of ulcer the pain extends into the abdomen. An earlier diagnosis may have been made in cases of ulcer. Also the pain in ulcer cases is more nearly the midline. Without a previous history there is difficulty in the differentiation of ruptured ulcer or gall stone colic. Usually, within a short time the stone has passed and the pain eased, although if the stone lodges in the duct the pain continues without peritonitis symptoms, which soon occur in ulcer rupture. In acute cholecystitis there is not so much pain, but tenderness over the gall bladder region, accompained by fever and elevated blood count.

The passage of a gall stone or a right sided kidney stone have some similarity, but a knowledge of the anatomy and the transmission of the pain easily clears this point. A check of the urine should also be made. If the stone lodges in the duct jaundice follows, but no fever is found as in acute cholecystitis. With gall bladder dye and X-ray used after the method of Graham we have the best diagnostic aid in all gall bladder lesions, though stones may not be visualized because of their soft consistency. The surgeon who fails to use the X-ray in these cases has discounted his best friend.

Ruptured duodenal or peptic ulcer is a grave lesion and requires prompt diagnosis and treatment to give the patient the best chance. In most of these cases a diagnosis of ulcer has alreay been made. A severe pain occurring in the stomach or gall bladder region, with a diffusion of the pain thoughout the abdomen, makes us feel certain of a ruptured ulcer. The pain will hardly cease under heavy doses of morphine. The two things most likely to be confused with an ulcer rupture are acute gall bladder pain and acute pancreatitis. A ruptured gall bladder can hardly be differentiated except from past history. The pain is in the same region and its characteristics are similar. It has been said that when a pain in the abdomen requires a half grain or more of morphine for relief it is a case for emergency operation. A ruptured ulcer, gall bladder or pancreas come under this classification.

We will not discuss stomach hemorrhage, pyloric obstruction, ruptured aneurism of the abdominal aorta, diaphragmatic hernia, acute kidney hemorrhage, or acute pancreatitis. A wonderful discussion of acute pancreatitis was recently presented by Irvin Abell, which every diagnostician should read.

Lastly, but by no means least is our study of bowel obstruction. This has, possibly always, and probably always will, show the greatest percentage of mortality of any correctable abdominal lesion. We watch these cases progress too long many times, thinking our palliative treatment may yet relieve the condition, when an early operation would give ready relief and early convalescence. How often a few hours procrastination kills our patient and how often a large dose of morphine will relieve the patient of pain, but when the patient awakens and we, too, awaken to the situation the patient has

several inches of unrepairable gangrenous gut and an early death. No part of the abdominal cavity is exempt from obstruction, but around McBurney's point probably sixty per cent of this type lesion is found. One cause of this is post-operative obstruction, often intussusception, especially in the child, when the caecum swallows the ileum. The causes of the obstruction are many and varied. Tumors in any area, but especially in the sigmoid region are frequent, especially in the aged.

Intussusception, especially in the small child, most often at the ileocecal junction, is serious and fatal unless relieved early. Adhesions and bands of adhesions cause much obstruction in any old operative field but most often around some drained area. Foreign bodies of various types in the gut, worms and fecal impactation give rise to serious consequences. Twice within a year I operated the same patient for obstruction caused by the total blocking of the small gut by a dry mass similar to an old, burned Irish potato. Hernias are frequent causes of bowel obstruction and everyone knows the disastrous consequences if not relieved early. The diagnosis of bowel obstruction has been made easier in recent years by the X-ray. Ocsner has probably stressed this more than any other man by his persistent teaching of how the X-ray shows the fluid levels. Everyone knows that a flat X-ray film, made with the patient standing, will show the fluid levels more numerous in the obstructed area, but we sometimes forget. This is our best diagnostic aid. Severe pain, that is only temporarily relieved, without fever, elevation of pulse and at first a flat abdomen, very little elevation of the blood count, and if the lesion is low down maybe no vomiting, must be suspected as a case of bowel obstruction, especially when the bowels do not move.

A good bowel movement may be had from below an obstruction. It may mislead the patient, because of some relief, and the doctor because of the quantity of gas and fecal matter passed. Do not be too much encouraged by this. Try a little liquid food by stomach and if relief from obstruction has not been secured the food will soon be expelled by vomiting. Possibly no other lesion produces such constant vomiting as does bowel obstruction, especially where the obstruction is not too low down. The three main symptoms are severe pain, continuous vomiting, and lack of bowel movement. Later on, of course, the blood count climbs and the abdomen becomes distended. Sometimes a mass can be detected, but at this stage the patient has a poor chance for recovery. The acute appendicitis case does not have so much pain and such constant vomiting and sepsis shows early. There is nothing that looks so hopeless as to see nothing but gangrenous intestines upon opening an abdomen. Early exercise of common sense and early use of the X-ray will help us clear up these cases in time to save us many, many sad regrets.

Josephine Hospital.

RESOLUTION ADOPTED BY THE PULASKI COUNTY MEDICAL SOCIETY

On the death of Dr. T. M. Fly, which occurred September 21st, 1938.

Mr. President and fellow members of the Pulaski County Medical Society, Dr. T. M. Fly, our friend and honored associate, after a long and useful career among us has paid the last debt of nature.

Dr. T. M. Fly had been a member of this society for over thirty years. During his active life as a physician, he was always honored and respected by his associates as the highest type of an ethical physician. It was always a pleasure to be associated with him professionally. He never asked or expected personal aggrandisement; he was always agreeable under all circumstances in his relations with his brother physicians. He gave unstintingly of his professional talents and energy, especially to the younger men coming up in the medical profession.

He always responded to every call of the sick or injured without question of personal remuneration. His field of activity covered a large territory, going many miles into the country. He responded to these hardships of his profession without complaint. He was a christian gentleman of the highest class, honored and loved by his Church, Sunday School Class and associates. He loved the fellowship of his fellowmen.

We feel that this society has lost one of its brightest stars, in the galaxy of distinguished men, who have been its members. The community has lost one of its best citizens.

We extend our sympathy to the children in the loss of a kind and understanding father.

Respectfully submitted:

Dr. W. A. Snodgrass
Dr. R. L. Saxon
Dr. J. A. Summers.

COMING MEDICAL MEETINGS

Southern Medical Association, Oklahoma City, November 15-18th.

Ninth Councilor District Medical Society, Harrison, December 6th.

Conference of County Health Officers, Little Rock, December 5th-6th.

HYPOTENSION AND ITS SIGNIFICANCE*

JOHN M. SAMUEL, M. D.
Little Rock

Hypotension has been very much neglected in the medical literature of recent years. This is probably due to the tremendous emphasis that has been placed upon high blood pressure. It is not necessary to present evidence to justify a statement of over emphasis on high blood pressure. This is a situation which everyone of us daily meets among our patients and our lay friends. It is but one of the unfortunate results of the efforts to educate the laity along medical lines. I do not mean that we should not attempt to educate, but education is of value only where early diagnosis and treatment may bring about a cure as in cancer.

On the other hand, all that the early diagnosis and education of high blood pressure has done for the patient is frighten him, make a neurasthenic of him, and in some cases has driven him to the wiles of the quacks. High blood pressure is not, at present, often cured.

Low blood pressure is a very common cause of ill health. These patients live to a ripe and miserable old age and are thought by their friends and physicians to be neurotics. The fact that they have a hypotension is ignored. The patient is told he need not worry so long as he has a low blood pressure. He should be happy that it is not high. It is true that the hypotension may not be dangerous, but the factor causing the low blood pressure may be extremely dangerous.

Hypotension has been described by various writers as a primary, or idiopathic, hypotension in which the causative factor is unknown, and as a secondary form, in which the pressure is usually normal but it has been temporarily or even permanently lowered by disease.

There is no fixed rule as to what constitutes a hypotension. Various authors have considered different pressures below normal. I think that most men consider any systolic pressure below 100-110 mm. of mercury as a low blood pressure.

It is quite true that you have all seen patients with systolic pressures between these figures who feel and appear perfectly normal. Still others in the same group are not well and present symptoms that we are justified in thinking as due to the hypotension or to its causative factor.

Just as high blood pressure may be either constant or variable, so may low pressures. We are all aware of the fact that the blood pressure may change in a very short time. We prove this by often disregarding the initial reading made on a patient during an office visit. I have in mind a particular patient in my own practice whose parents have both been victims of high blood pressure. He constantly worries about his own which is also high. His pressure is frequently read at from 30-40 mm. lower on the second reading than on the first.

Blood pressure may vary for both pathological and physiological reasons. It is a known fact that pressure is higher in the late afternoon than in the morning. It is elevated by ordinary meals. It falls during a quiet sleep. Disturbed sleep, however, may raise the blood pressure considerably. We have all had our attention drawn to the factors that raise the blood pressure, but we have not had our attention sufficiently drawn to certain factors that cause a transient lowering of the blood pressure, with the appearance of symptoms more or less serious and even the appearance of organic results such as thrombosis of a cerebral or coronary vessel. Low blood pressure bears the same relationship to thrombosis as high blood pressure does to arterial hemorrhage. Both occur only in diseased vessels, but the diseased vessel might have continued to function satisfactorily if there had been no alteration of the pressure by some incident in the patient's life.

Now let us discuss cerebral or coronary thrombosis and their relationship to hypotension. I do not mean to say that low blood pressure is the only cause of thrombosis, but it is one of a series of factors causing thrombosis. The factors causing thrombosis can be grouped into three classes:

(1) The changes in the vessel wall
(2) Changes in the blood
(3) Changes in the blood flow.

The narrowing and tortuosity of the lumen of the artery and the roughening of the intima which occur in the elderly individual with chronic arteriosclerosis offers favorable conditions for the origin of a thrombosis and eventual occlusion of a vessel.

Without disease of the vessel thrombosis does not occur, unless embolic occlusion has first blocked the artery. The changes in the blood which favor thrombosis include changes in the form elements of the blood as in leukemia, polycythemia or thrombocytosis; but far more common as a factor favoring thrombosis is an in-

* Read before the Sixty-third Annual Session of the Arkansas Medical Society, Texarkana, April 19, 1938.

creased viscosity of the blood such as a feature of dehydrations in conditions such as extensive burns, violent diarrrheal states and in intestinal obstruction. In all of these the important factor is loss of fluid.

Third, the changes in the blood flow which favor thrombosis are naturally its slowing and this is obviously related to blood pressure. The body compensates for some fall in blood pressure but it is not able to cope with extremes.

A generation or two ago patients died from acute indigestion. The present day cardiologist laughs at this. But could it not be possible that a person could over-eat or over-drink, have an acute indigestion with a falling of the blood pressure and subsequent thrombosis of the diseased vessels? The same may be said of a person working under constant strain who exhausts himself and has the subsequent hypotension. So much for thrombosis and hypotension.

Now let us discuss patients having the symptoms of vertigo and syncope which are found in individuals with a constant hypotension. One group of these patients are of the asthenic habitus. Many years ago these patients were operated on for nephroptosis and visceroptosis. Others were made to wear abdominal binders. None of these procedures seemed to help the patient. For this patient very little can be done. It is true that these patients have periods at which their hypotension is lower than others. At this time ephedrine will carry the patient through the attack. But no drug will change the patients habitus.

There are other cases of postural hypotension with its accompanying vertigo and syncope. Here we see patients who have a marked drop in blood pressure following a change of posture to the upright position. Again, ephedrine may be used to avoid the symptoms.

Now that we have discussed the primary hypotension, let us briefly discuss secondary hypotension or low blood pressure caused by disease.

This is the patient who, when he presents himself to the physician, is frequently told that everything is all right except his blood pressure, which is a little low, but that is nothing to worry about. It is true that the superficial examination given most patients will not often bring out the etiological factor of hypotension. Among these diseases are:

Tuberculosis: Patients who present themselves for physical examination giving a history of tuberculosis in the family or contact with a tubercular patient and in whom no other finding other than low blood pressure is found should be investigated further. Obviously these patients should have an X-ray examination of the chest. It is a known fact that low blood pressure is almost a constant finding in tuberculosis.

Anemia, secondary: The cause of low blood pressure here is obviously the reduced volume of the blood. The cause of the anemia should be found and eradicated.

Chronic focal infections: Here the low blood pressure is due to a myocarditis. The foci of infection should be found and treated.

Pituitary adenomas: In patients with chromophalic adenomas of the pituitary the systolic pressure is usually low. Cushing found it to be below 100 mm. of mercury in 11% and below 110 mm. in 46% of his 200 cases. This diagnosis is made by an X-ray examination of the sella turcia.

Hypofunction of the thyroid: This type person is usually obese. His basal metabolic rate is usually found to be between a minus ten and a minus thirty. Here the diagnosis is made by the basal metabolism test.

Hypofunction of the adrenal or hypoadrenia:

Addison's Disease: In this condition the systolic blood pressure is often as low as 70 mm. in mercury. This diagnosis, of course, is established by the typical bronzing of the skin and other classical symptoms of Addison's disease.

Hyperinsulinism: These patients almost always have a low blood pressure. The diagnosis here is best established by the blood sugar test.

Time does not permit a further discussion of hypotension. So let me briefly sum up the points I have tried to make. First, low blood pressure is a common cause of ill health and it is too frequently disregarded by the physician. Second, hypotension may frequently be a contributory factor in arterial thrombosis. Third, idiopathic hypotension in patients with an asthenic habitus is not often cured. These patients should not be subjected to surgery. Fourth, patients presenting themselves to a physician for examination and found only to have a low blood pressure are entitled to and should be further examined to determine the cause of their low blood pressure and, in turn, the cause of their ill health.

Exchange Bank Building.

TUBERCULOSIS ABSTRACTS

A Review for Physicians

ISSUED MONTHLY BY THE NATIONAL TUBERCULOSIS ASSOCIATION

MODERN methods of precision have vastly increased diagnostic accuracy. It has been estimated that upwards of one-fourth the cases odmitted to sanatoria a generation ago may not have been suffering from tuberculosis. The classical signs of the disease occur also in other pulmonary infections, and observation of pathological evidence at autopsy has led to increased caution in diagnosis as the frequency of these lesions is more clearly recognized.

DIFFERENTIAL DIAGNOSIS IN PULMONARY DISEASE

Cough, sputum, hemoptysis, dyspnea, together with slight or marked constitutional manifestations, indicate abnormality of the respiratory tract. First and foremost suspicion points toward pulmonary tuberculosis. This should always be so but it in no wise removes the need for careful differential diagnosis. Among the chief alternative possibilities are bronchiectasis, pulmonary abscess, pulmonary fibrosis, neoplasms, mycotic disease, spirochetosis, occupational diseases (silicosis, asbestosis, anthracosis) and pulmonary syphilis.

Four factors play a leading part in increasing the accuracy of present diagnostic procedure. They are as follows:

1. A far better appreciation and interpretation of X-ray findings, dependent upon (a) vastly improved technique in the taking of films; (b) the result of experience in reading films, together with the information given at the necropsy table.

2. Bronchoscopy, which yields wonderful results in skilled hands.

3. Lipiodol injections, which map out lung areas, hitherto a trackless wilderness to the clinician.

4. More exact methods of sputum examination and culture, resulting in the recognition of formerly unsuspected sources of chronic pulmonary infection.

The experience of these modern aids in no wise lessens the importance of a carefully taken history of the case. In the great majority of instances this in itself will enable the skilled observer to reach a tentative diagnosis which turns out to be correct. It must not be confused with the erroneous procedure of making a "snap diagnosis," but is based on a thorough knowledge of the causes of pulmonary disease and their different manner of development.

Two categorical principles may be laid down which if adhered to will render faulty diagnosis rare. The first is that rales in the lower lobes may be considered non-tuberculous until proved otherwise, while physical signs in the apices suggest overwhelmingly a tuberculous origin. The second is that if a patient has a moderate or considerable amount of thick, yellow, yellowish-green or green sputum found to be negative for tubercle bacilli on **repeated** examination, the probabilities are all against the presence of tuberculosis. Such axioms are of course diagnostic aids, not dogma.

In differentiating bronchiectasis the difficulty does not lie with the established cases,—those with 250 to 500 cc. of sputum in twenty-four hours which separates into the typical three layers, the absence of tubercle bacilli, the basal physical signs, the relatively slight constitutional manifestations, the X-ray findings, particularly when reinforced by lipiodol injections. It is the earlier or milder cases which cause confusion when cough and sputum are not predominant, when physical signs are scant or absent when no characteristic finger clubbing exists. It must of course be remembered that the two conditions may coexist. When this occurs discovery of tuberculosis is usually not difficult. For example, in the rare cases where bronchiectasis is found in the upper lobes it is usually associated with tuberculosis. Given, therefore, a condition of long standing with chronic cough and sputum, the latter negative for tubercle bacilli, with relatively few constitutional symptoms, the verdict should be bronchiectasis rather than tuberculosis.

Too many cases of lung abscess are erroneously diagnosed as tuberculosis. The differentiation should not be difficult and here the history is of special value. Sixty-six per cent of lung abscesses develop after either surgical procedures or pneumonia. The onset is usually very acute and the patient is exceedingly ill.

The physical signs of pulmonary abscess are wholly without characterization. The X-ray pic-

ture is also protean. Diagnosis is essentially based on previous history, acuteness of onset, signs and X-ray evidences, wherever they may be, a constant leukocytosis and, finally, the liberation of a varying amount of foul-smelling pus when the abscess ruptures into a bronchus.

Acute pulmonary fibrosis (in distinction from chronic, such as silicosis, etc.) has attracted recent attention, four cases having been reported recently from Johns Hopkins Hospital, all fatal. X-ray findings resemble those of tuberculosis though they are usually more generalized throughout the lung. There is progressive fibrosis with profuse exudation as well, dyspnea and cardio-respiratory failure. There is reason to believe that this condition may be of more frequent occurrence than has been recognized and it is well to bear it in mind.

Primary pulmonary carcinoma is practically always bronchogenic. When we come to deal with metastatic pulmonary malignancy, the diagnosis rests upon respiratory symptoms superimposed upon a known cancerous base.

The main symptoms of pulmonary malignancy are pain, dyspnea, X-ray findings of an heterogeneous nature with rapid spread, added to which there is the constantly increasing cachexia characteristic of malignant diseases wherever situated. Most characteristic is a dyspnea out of all proportion to the anatomical damage as revealed by physical examination or X-ray. Again, the often voluminous sputum is relatively benign in appearance, and, of course, persistently negative for tubercle bacilli. Physical signs are practically of no diagnostic value. All obscure cases, particularly those with lesions of the lower lobes, with more or less indefinite symptoms and negative sputum, should be bronchoscoped and lipiodol films made **before** subjecting the patient to a long and tedious period of observation.

Brief reference only need be made to the remaining pulmonary diseases mentioned as conditions frequently diagnosed tuberculosis. In mycotic disease the X-ray and physical signs may be practically identical with those found in true infection with tubercle, but the persistently negative sputum is a great argument against tuberculosis. In the case of aspergillosis, for example, the finding of the characteristic fungus when the sputum is cultured on Sabouraud's medium will clinch the diagnosis. The same general truths hold true for spirochetosis and the diagnosis hinges not so much on clinical features as on accurate laboratory examinations. The possible presence of these diseases should always be kept in mind especially as their appropriate treatment is wholly different from that instituted in tuberculosis.

In the case of the chronic fibroses, silicosis, asbestosis and anthracosis, it is upon the history that we must place our main reliance in differtial diagnosis. Pulmonary syphilis is a very rare condition. Its possibility must be kept in mind and knowledge of the Wassermann reaction in doubtful cases is desirable, but it is not one of the diagnostic differentiations that need give primary concern.

In conclusion it is well to keep in mind the following thirteen special points in the differential diagnosis of pulmonary tuberculosis. Dogmatism in medical diagnosis in risky but is seems safe to emphasize these basic requirements.

1. Pulmonary tuberculosis must constantly be kept in the foreground.

2. Good stereoscopic X-ray films are essential in diagnosis.

3. Failure to examine sputum is equal to malpractice.

4. Failure to find tubercle bacilli after repeated attempts is a great argument against the presence of tuberculosis.

5. In **all** children under twelve and in **all uncertain** adult cases an intradermal tuberculin test should be done. Lots of adults will react negatively and that throws out tuberculosis.

6. A carefully taken history is of great importance. It need not be long. Quality is away above quantity. Do not leave this to an assistant. Do it yourself.

7. Resort promptly to bronchoscopy and lung mapping in all doubtful cases that are really ill.

8. Remembering that persistent absence of tubercle bacilli from sputum merely **excludes tuberculosis.** The patient is not a bit better than before. Continue to search the sputum for some definite cause of infection.

9. The ravages of bronchiectasis are almost never like those of tuberculosis unless they coexist and then tuberculosis is the primary disease to be treated.

10. Hemoptysis is not pathognomonic of tuberculosis.

11. An extremely acute postoperative pulmonary symptomatology should direct the diagnostic finger toward abscess.

12. Fibrotic conditions arise in the presence of chronic sinusitis and other chronic infections elsewhere in the body. There may be acute fibrotic pulmonary conditions. Think of them.

13. Pulmonary malignancy is on the increase. In the primary type bronchoscopy is invaluable diagnostically. In the metastatic type the diagnosis is of scientific interest only.

Differential Diagnosis in Pulmonary Diseases, Paul H. Ringer, A. B., M. D., F. A. C. P., New York State Journal of Medicine, June 1, 1937.

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NEWS—Our readers are requested to send in items of news, also marked copies of newspapers containing matter of interest to the membership.

EDITORIAL

THE MEDICAL SURVEY

The Journal has repeatedly called attention to the vital importance of county medical societies making an accurate inventory of the medical needs and care within their respective localities as is contemplated by the survey which has been in progress since July. To date, the societies which have completed the survey are few in number. The state committee must wait for completed county records before it takes on the task of compiling the state society study. It seems proper at this time to again remind the members that this is an activity of organized medicine; a responsibility of the individual physician; an accumulation of data which will be of inestimable value to the medical profession in the state and counties of Arkansas when the time comes, as it surely will, to make changes in the form of medical practice now in effect. Armed with the knowledge which this survey will bring to light, organized medicine will be in a formidable position to fight its case; without the inventory, we shall be forced to accept theoretical views which have been propounded by a large numbers of reformers and other persons who wish to revolutionize the practice of medicine.

Recently there have been distributed to the county societies, a supply of Forms IF, second series, a form which merely calls for the recording of pay and free patients for a period of one week. The first form was distributed for this purpose in August; a third form will follow during January. It is desired that these forms be distributed and returned, completed in detail, by every physician in Arkansas prior to November 1st. This form involves no drudgery or bookkeeping complications; it is but necessary to make notation of each day's number of pay and charity patients, and on the eighth day, return it to the county survey committee or county society secretary.

May we ask that you give the Society and your fellow-members whole-hearted cooperation?

MEDICAL SERVICE UNDER THE FARM SECURITY ADMINISTRATION

In August, 1937, a special committee from the Arkansas Medical Society and representatives of the Rural Resettlement Administration, now the Farm Security Administration, drew up an agreement for submission to the component county medical societies of the state whereby the governmental agency was enabled to secure medical care for its clients. This plan has been rather generally accepted by the county societies of the state. In an effort to determine with what success the agreement had functioned, letters were sent all societies asking for an expression of opinion. A fair number of replies were received, only one of which gave the plan a favorable report. The chief objections are: (1) the money allotted for the service is inadequate; (2) there is interposition of a third party in the relationship of patient and physician, and (3) there is dissatisfaction with the manner of operation, i. e., group cooperative associations, controlled by laymen. Recently a conference has been had with the state director in Arkansas at which these objections were discussed. We find his attitude to be fair and entirely cooperative. The definite statement was made by the director, Mr. A. M. Rogers, that "The Farm Security Administration has no medical policy in Arkansas; our medical policy is that of the Arkansas Medical Society." As a result of this conference, we feel that inequalities of the program may subsequently be removed and that a new agreement may be reached which will more nearly satisfy the physicians cooperating in the present plan. County medical societies not reporting on their experiences are again invited to submit criticisms or suggestions in order that the special committee from the Society may take into consideration the wishes of the membership when a new plan is sought.

PROCEEDINGS OF SOCIETIES

The Pope-Yell County Medical Society met in dinner session at St. Mary's Hospital, Russellville September 8th. Roy I. Millard spoke on "Hypertension and its Treatment."

The Lawrence County Medical Society was addressed September 13th by J. T. Altman, Jonesboro, on "Obstetrics."

The Tenth Councilor District Medical Society met at Fort Smith September 20th. Morning dry and operative clinics were conducted at Sparks Memorial and St. Edward's Mercy Hospitals by the following: T. P. Foltz, I. F. Jones, F. H. Krock, W. R. Brooksher, E. C. Moulton, W. G. Eberle, M. E. Foster and A. F. Hoge. Following luncheon at the hospitals, the afternoon program was presented as follows: "Importance of Medico-Dental Cooperation," J. Frank Blakemore, D. D. S., Fort Smith, "Reports on Medical Care from the Survey," A. S. Buchanan, Prescott; and "Diverticulitis of the Sigmoid," H. W. Hundling, Little Rock. Officers elected are: President, Earle H. Hunt, Clarksville; Vice-president, B. L. Ware, Greenwood, and Secretary-treasurer, J. W. Amis, Fort Smith.

The October 13th session of the Benton County Medical Society was devoted to a discussion of the Farm Security Administration plan of medical service.

Geo. M. Love, Secretary.

The Fifth Councilor District Medical Society met in dinner session at Camden October 6th. The following program was presented: "Special Session of the House of Delegates of the American Medical Association—1938," W. R. Brooksher, Fort Smith; "Social Relationships in Medicine," S. J. Wolfermann, Fort Smith; "The Diagnosis and Treatment of Urinary Infections," T. D. Moore, Memphis, and "Classification, Diagnosis and Treatment of Kidney Disease," Lyle Motley, Memphis.

The meeting of the Sebastian County Medical Society October 11th was devoted to a discussion of the recent special session of the House of Delegates of the American Medical Association and to the Medical Survey in the county. Speakers on the program were J. W. Amis, S. J. Wolfermann, C. T. Chamberlain and W. R. Brooksher.

L. M. Henry, Secretary.

The Muskogee County (Oklahoma) Medical Society was addressed October 24th by A. A. Blair, "The Management of Diabetes"; T. P. Foltz, "Bronchiectasis in Industry," and Ralph Weddington, "The New Tuberculin Patch Test," all speakers of Fort Smith.

The fifth postgraduate course was held at the University of Arkansas School of Medicine October 12th and 13th, the following guest speakers being in attendance: Leon Bromberg, Saint Louis; James S. McLester, Birmingham, and Robert F. Short, Dallas. Arkansas physicians appearing on the program were: N. T. Hollis, Elizabeth Fletcher, Carl A. Rosenbaum, G. D. Thompson, H. W. Hundling, A. F. DeGroat, D. A. Rhinehart, J. S. Levy, E. I. Thompson, R. Q. Patterson, S. C. Fulmer, M. J. Kilbury, E. C. Gay, K. W. Cosgrove, Robert Caldwell, J. G. Watkins, Paul Mahoney, R. C. Kory, C. C. Reed, Sr., Glenn Johnson, H. A. Higgins, B. A. Rhinehart, W. V. Newman, J. N. Compton, all of Little Rock, and J. D. Riley, State Sanatorium.

The First Councilor District Medical Society met at Jonesboro October 19th for the following program: Address of welcome, H. H. McAdams, Jonesboro; Response, Joe Verser, Harrisburg; "Motion Pictures of the Eyes," M. E. Blanton, Jonesboro; "Puerperal Eclampsia," Chas. D. Tibbels, Black Rock; President's Address, W. M. Majors, Paragould; "Ambiasis in Our District," E. R. Barrett, Jonesboro, and papers by L. D. Massey, Osceola, and B. M. Stevenson, West Memphis.

The Garland County Medical Society was addressed October 11th by T. N. Black on "Urinary Calculi." The Society entertained visitors to the Serological and Syphilis Conference with a dinner on October 20th.

W. E. Gray, Secretary.

The 17th meeting of the Fort Smith Clinical Society was held at Fort Smith October 11th with surgical and dry clinics at Saint Edward's Mercy Hospital in the morning by W. G. Eberle, J. E. Stevenson, G. V. Brindley, Temple, Texas, and S. J. Wolfermann. The noon luncheon talks were made by Chas. T. Chamberlain, A. F. Hoge and P. M. Bessel, Temple, Texas. The afternoon session was addressed by W. R. Brooksher, "The Painful Shoulder"; P. M. Bessel, "Thyroid Dysfunction" and G. V. Brindley, "Peptic Ulcer: Its Complications and the Indications for Surgical Treatment."

The October 17th program of the Pulaski County Medical Society was a symposium on obstetrics: "Report of the Session of the Central Association of Obstetricians and Gynecologists," B. James Reaves; "Prenatal Care," Estes Allen; "Obstetrical Analgesia," Clyde Rodgers; "Postpartum Hemorrhage," Charles R. Henry; "Occiput Posterior," Hoyt Choate; "Cesarean Section," R. M. Blakely, and "The Baby," E. H. White.

E. H. White, Secretary.

S. J. Wolfermann addressed the Pope-Yell County Medical Society at Russellville October 13th on "Social Relationships in Medicine."

The Washington County Medical Society met in dinner session October 4th for the following program: "Irradiation in Mammary Cancer," W. R. Brooksher, Fort Smith.

Fount Richardson, Secretary.

The Second Councilor District Medical Society met in dinner session at Batesville October 10th for the following program: "What Constitutes a Good County Medical Society," S. J. Wolfermann, Fort Smith, and "Clinical Allergy as You See It," Alan G. Cazort, Little Rock. Officers elected are: President, L. T. Evans, Batesville; Vice-president, A. H. Hudgins, Searcy, and Secretary-treasurer, O. J. T. Johnston, Batesville. The society will meet next at Batesville in April, 1939.

O. J. T. Johnston, Secretary.

The Southeast Arkansas Medical Society met at Dumas October 17th for the following program: "Diseases of the Kidneys," M. J. Kilbury, and "Pneumonia in Children," A. C. Kirby, both speakers of Little Rock. The society will next meet at Monticello, November 21st.

H. T. Smith, Secretary.

OBITUARY

MAURICE FARVISH LAUTMAN, aged 48, died of a heart attack at his home in Hot Springs National Park September 23rd. Born April 18, 1890 in New Haven, Connecticutt, he received his preliminary education in that state, graduating from the Yale University School of Medicine in 1911. He served an internship in Mt. Sinai Hospital and later practiced in New York city before coming to Hot Springs National Park as the first resident physician at the Leo N. Levi Memorial Hospital. He then became associated with the late Dr. J. L. Green for a period of two years. During the World War he served as a captain in the Medical Corps of the army. On April 6, 1925 he was married to Miss Minnie Eddlestone of Chicago, who, with two children, survives him. Dr. Lautman was interested in arthritis and rheumatic diseases particularly and was a member of the Committee for the Study of Rheumatism and a member of the American Congress of Physical Therapy in addition to his membership in the county and state medical society and fellowship in the American Medical Association. Other affiliations were with the American Legion and various Masonic bodies.

THOMAS M. FLY, aged 57, died unexpectedly at his home in Little Rock September 21st from a heart attack. Born in Texas, he had spent practically all his life in Arkansas, graduating from the University of Arkansas School of Medicine in 1904. Following a period of practice in Little Rock, he moved to Desha County and later became associated with the Rockefeller Foundation in hookworm surveys. During the World War he served with the army medical corps. Prior to his appointment as city health officer of Little Rock in 1936, he had served as physician for the E. R. A. transient camp at Hot Springs National Park. Surviving relatives are two daughters, a brother and a sister.

JONES HOUSTON LAMB, aged 59, died at his home in Paragould September 21st. Born at Walcott, Greene County, he attended the public schools and for several years was a teacher in his county. He graduated from the Hospital College of Medicine, Louisville, in 1905 and for 18 years practiced at Beech Grove, removing to Paragould in 1918. A member of the First Baptist Church, a director of the National Bank of Commerce, and a member of the Paragould School Board, he had been active in civic affairs all his life. He had served as president of the First Councilor District Medical Society as well as of the Greene County Medical Society. Surviving relatives are his wife, a daughter and two physician sons, Dr. Woodrow Lamb, of Paragould, and Dr. Weldon Lamb, an intern in the Kansas City General Hospital.

MEMBERSHIP ROSTER OF THE ARKANSAS MEDICAL SOCIETY—1938

ARKANSAS COUNTY†

Davis, G. C. — Gillett
Dickens, Homer — DeWitt
Drennen, S. A. — Stuttgart
Fowler, Arthur — Humphrey
John, M. C., Sr. — Stuttgart
John, M. C., Jr. — Stuttgart
Lumsden, C. A. — DeWitt
Rasco, C. W., Sr. — DeWitt
Rasco, C. W., Jr. — DeWitt
Riley, H. C. — Bayou Meto
Swindler, E. B. — Stuttgart
Whitehead, R. H. — DeWitt
Word, J. T. — Tucker

ASHLEY COUNTY

Barnes, L. C. — Hamburg
Burt, E. G. — Crossett
Cockerham, H. E. — Portland
Cone, A. E. — Portland
Crandall, M. C. — Wilmot
Fletcher, G. W. — Montrose
Hawkins, M. C. — Parkdale
Mask, D. L. — Hamburg
Riggins, W. C. — Hamburg
Smith, M. L. — Crossett
Spivey, C. E. — Crossett
White, E. O. — Hamburg
Wood, J. T. — Crossett

BENTON COUNTY†

Atkinson, R. M., Jr. — Bentonville
*Buffington, G. H. — Decatur
Chastain, W. M. — Bentonville
Curry, W. J. — Rogers
Duckworth, F. M. — Siloam Springs
Estes, Neal D. — Rogers
Eubanks, F. G. — Decatur
Greene, L. O. — Pea Ridge
Harrison, A. J. — Springdale
Highfill, E. J. — Cave Springs
Hodges, G. E. — Rogers
Hughes, G. A. — Siloam Springs
Hurley, C. E. — Bentonville
Koobs, H. J. G. — Rogers
Love, G. M. — Rogers
McNeil, C. L. — Rogers
Moore, W. A. — Rogers
Peacock, A. L. — Gentry
Pickens, E. A. — Bentonville
Pickens, W. A. — Bentonville
Powell, J. T. — Gravette
Scott, L. L. — Siloam Springs
Thompson, J. S. — Gravette
Williams, J. R. — Siloam Springs
Wilson, C. S. — Siloam Springs

BOONE COUNTY†

Adams, A. V. — Yellville
Blackwood, J. C. — Western Grove
Bradley, W. A. — Jasper
Chambers, S. W. — Harrison
Fowler, J. H. — Harrison
Fowler, Ross — Harrison
Fowler, T. P. — Harrison
Gladden, J. G. — Harrison
Gray, E. M. — Mountain Home
Jackson, Lloyd — Harrison
Jackson, Ulys — Marshall
Johnson, J. J. — Harrison
Kirby, H. V. — Harrison
McCoy, O. B. — Harrison
Mooney, M. L. — Mountain Home
Moore, W. T. — Everton
Morrow, J. J. — Cotter
Owens, D. L. — Harrison
Poynor, W. H. — Harrison
Sexton, J. W. — Mt. Judea
Thompson, J. I. — Yellville
Watkins, W. L. — Alpena Pass
Weast, L. M. — Yellville

BRADLEY COUNTY†

Crow, M. B. — Warren
Crow, M. T. — Warren
Ellison, L. E. — Warren
Gannaway, C. E. — Warren
Hope, J. L. — Warren
Hunt, W. J. — Warren
Ivy, J. B. — Warren
Martin, Chas. — Warren
Martin, Rufus — Warren
Reasons, W. B. — Hermitage

* Deceased

† Membership equals or exceeds that of 1937.

The Roster of the Arkansas Medical Society has been placed in the center of this issue to permit its ready removal for filing.

Roark, W. N. — Hermitage
Snodgrass, W. A., Jr. — Warren

CARROLL COUNTY

Bohannan, J. H. — Berryville
Butt, W. A. — Green Forrest
Carter, A. L. — Berryville
John, J. F. — Eureka Springs
McCurry, D. K. — Green Forrest
*Pace, Henry — Eureka Springs
*Slusser, C. W. — Green Forrest
Webb, J. H. — Eureka Springs

CHICOT COUNTY

Baker, E. — Dermott
Barlow, E. E. — Dermott
Burge, J. H. — Lake Village
Clark, B. C. — Lake Village
Craig, W. A. — Eudora
Douglas, S. W. — Eudora
Easterling, W. D. — Lake Village
*Easterling, W. W. — Lake Village
Hutson, W. J. — Eudora
Leverett, C. G. — Eudora
McGehee, E. P. — Lake Village
Schwarz, W. J. — Lake Village
Thompson, J. A. — Dermott

CLARK COUNTY†

Bremer, J. P. — Point Cedar
Bryant, R. L. — Arkadelphia
Carter, E. E. — Arkadelphia
Dickerson, D. A. — Gurdon
Grace, J. K. — Arkadelphia
McLain, J. T. — Gurdon
Pate, J. N. — Arkadelphia
Reid, J. W. — Arkadelphia
Ross, H. A. — Arkadelphia
Ross T. T. — Little Rock
Steed, C. J. — Gurdon
Townsend, C. K. — Arkadelphia

CLAY COUNTY†

Blackwood, W. J. — Rector
Clopton, O. H. — Rector
Futrell, J. B. — Rector
Hiller, J. P. — Pollard
Jones, F. H. — Piggott
Latimer, E. J. — Corning
McGuire, J. E. — Piggott
Richardson, M. C. — Corning

CLEBURNE COUNTY†

Birdsong, T. C. — Shiloh
Hall, H. J. — Clinton
Matthews, J. T. — Heber Springs

CLEVELAND COUNTY

Dunman, B. E. — New Edinburg
Hamilton, A. J. — Rison
Hancock, W. G. — Rison
Robertson, A. D. — Rison

COLUMBIA CONTY†

Baker, J. J. — Magnolia
Carrington, H. K. — Magnolia
Cooksey, W. P. — Magnolia
Hawkins, Henry M. — Magnolia
Horn, W. H. — Taylor
Jones, T. H. — Waldo
Jordan, T. S. — Magnolia
Kitchens, H. M. — Waldo
Longino, L. A. — Magnolia
McLeod, G. F. — Magnolia
Rushton, J. F. — Magnolia
Smith, P. M. — Magnolia
Souter, A. J. — Waldo
Walker, J. C. — Emerson

CONWAY COUNTY

Colay, J. H. — Morrilton
Etheridge, C. E. — Morrilton
Goatcher, A. L. — Plummerville
Halbrook, J. F. — Plummerville
Hardison, T. W. — Morrilton
Jones, R. A. — Perry
Matthews, E. L. — Morrilton
Matthews, J. M. — Morrilton
Mobley, H. E. — Morrilton
Scarlett, W. P. — Morrilton
Smith, W. Meyers — Little Rock

CRAIGHEAD-POINSETT†

Alcott, G. B. — Weiner
Altman, J. T. — Jonesboro
Atkinson, O. L. — Cotter
Baird, J. L. — Marked Tree
Barrett, E. R. — Jonesboro
Barrett, R. M. — Black Oak
Bates, C. A. — Lake City
Berry, W. E. — Trumann
Blanton, M. E. — Jonesboro
Burge, H. G. — Netrieton
Campbell, G. O. — Trumann
Cohen, O. T. — Jonesboro
Elders, J. B. — Walnut Ridge
Elders, J. W. — Harrisburg
Ellis, Ira W. — Monette
Fatheree, L. L. — Jonesboro
Haltom, W. C. — Jonesboro
Horner, E. J. — Jonesboro
Jernigan, R. M. — Jonesboro
Jones, J. H. — Lepanto
Jones, J. K. — Lepanto
Lutterloh, P. W. — Jonesboro
McAdams, H. H. — Jonesboro
McCurry, J. H. — Cash
McDaniel, L. H. — Tyronza
McKelvey, Earl D. — Jonesboro
Moreland, W. H. — Tyronza
Nisbett, Frank — Brookland
Overstreet, W. C. — Jonesboro
Pierce, J. O. — Marked Tree
Ramsey, J. W. — Jonesboro
Ratliff, R. W. — Jonesboro
Reagan, C. H. — Marked Tree
Shanlever, R. C. — Jonesboro
Sloan, R. M. — Jonesboro
Smith, O. V. — Bay (P. O. Trumann)
Smith, W. H. — Bono
Stroud, E. J. — Jonesboro
Stroud, H. A. — Jonesboro
Thorn, W. T. — Monette
Tullos, A. M. — Trumann
Verser, Joe — Harrisburg
Verser, W. W. — Jonesboro
Willett, R. H. — Jonesboro

CRAWFORD COUNTY†

Bennett, B. L. — Van Buren
Bruce, B. B. — Alma
Campbell, C. J. — Mulberry
Crigler, J. R. — Alma
*Dibrell, M. S. — Van Buren
Engler, F. G. — Fort Smith
Galloway, O. R. — Alma
Kirkland, S. D. — Van Buren
Kirkland, S. S. — Little Rock
Kirksey, O. J. — Mulberry
McKelvey, A. A. — Van Buren
Savery, H. W. — Van Buren
Stewart, J. M. — Van Buren
Trice, J. B. — Van Buren
Young, L. G. — Van Buren

CRITTENDEN COUNTY†

Barksdale, Oscar — West Memphis
Hamilton, Ralph — West Memphis
Hare, T. S. — Crawfordsville
Irby, J. T. — Earl
Matthews, J. H. — Earl
McVay, L. C. — Marion
Parker, A. C. — Clarkedale
Purnell, R. L. — Marion
Ray, R. H. — Earl
Stevenson, B. M. — West Memphis
Watson, H. S. — Earl

CROSS COUNTY†

Barr, A. F. — Cherry Valley
Griffin, J. L. — Vanndale
Griffin, W. L. — Cherry Valley
Longest, Ruffin, — Wynne
Miller, J. S. — Parkin
Price, Thos. G. — Wynne
Smith, R. S. — Parkin
Stewart, T. J. — Wynne
Wilson, Thomas — Wynne

DALLAS COUNTY†

Cheatham, H. A. — Princeton
Ellis, W. S. — Fordyce

Estes, E. E. ..... Fordyce
Estes, S. J. ..... Fordyce
Lisenbee, A. M. ..... Sparkman
Taylor, J. E. M. ..... Sparkman
Ward, W. P. ..... Fordyce

DESHA COUNTY

Biscoe, Gibbs ..... Dumas
Hellums, J. H. ..... Dumas
Kimbro, C. H. ..... Tillar
Leverett, Marion ..... McGehee
MacCammon, Vernon ..... Arkansas City
Rands, H. A. ..... Dumas
Smith, H. T. ..... McGehee

DREW COUNTY†

Binns, Van C. ..... Monticello
Collins, A. S. J. ..... Monticello
Dickins, R. D. ..... Monticello
Gates, S. M. ..... Monticello
Jones, L. B. ..... Monticello
Pope, M. Y. ..... Monticello
Price, J. P. ..... Monticello
Wilson, J. S. ..... Monticello

FAULKNER COUNTY†

Brittain, W. L. ..... Conway
Brooke, H. C. ..... Conway
Dawson, R. L. ..... Wooster
Dickerson, C. H. ..... Conway
Downs, J. H. ..... Vilonia
Dunaway, L. S. ..... Conway
Fraser, N. E. ..... Conway
Glover, A. J. ..... Guy
Harrod, George ..... Conway
Hassell, L. L. ..... Conway
Henderson, G. L. ..... Conway
Kitley, J. R. ..... Mayflower
Lieblong, J. S. ..... Greenbrier
Mabry, Tom ..... Vilonia
McCollum, I. N. ..... Conway
McDonald, W. T. ..... Vilonia
Smith, M. T. ..... Conway
Taylor, R. L. ..... Conway
Westerfield, J. S. ..... Conway
Williams, E. T. ..... Greenbrier

FRANKLIN COUNTY†

Akin, W. F. ..... Branch
Bollinger, W. H. ..... Charleston
Douglass, Thos. ..... Ozark
Gibbons, W. H. ..... Ozark
Porter, W. C. ..... Ozark
Post, J. L. ..... Altus

GARLAND COUNTY†

Adams, Frank M. ..... Hot Springs
*Biggs, O. E. ..... Hot Springs
Black, T. N. ..... Hot Springs
Blackshare, W. M. ..... Hot Springs
Bollmeier, L. N. ..... Hot Springs
Bowman, M. B. ..... Hot Springs
Boydstone, J. O. ..... Hot Springs
Brewer, Howell ..... Hot Springs
Browning, E. R. ..... Hot Springs
Burch, N. B. ..... Hot Springs
Burton, F. M. ..... Hot Springs
Casada, B. F. ..... Hot Springs
Chamberlain, W. W. ..... Hot Springs
Chesnutt, J. H. ..... Hot Springs
Clardy, Floyd ..... Hot Springs
Coffey, G. C. ..... Hot Springs
Collings, H. P. ..... Hot Springs
Connell, W. H. ..... Hot Springs
Davis, Carl G. ..... Hot Springs
Diederich, V. P. ..... Hot Springs
Ellis, Jack ..... Hot Springs
Ellis, L. R. ..... Hot Springs
Fletcher, Geo. B. ..... Hot Springs
Garratt, C. E. ..... Hot Springs
Gray, W. E. ..... Hot Springs
Hannon, R. Emmet ..... Hot Springs
Hebert, G. A. ..... Hot Springs
Jarrell, Foster ..... Hot Springs
King, L. E. ..... Hot Springs
King, O. H. ..... Hot Springs
Klugh, W. G. ..... Hot Springs
Landy, A. E. ..... Hot Springs
*Lautman, M. F. ..... Hot Springs
Laws, W. V. ..... Hot Springs
Lee, D. C. ..... Hot Springs
Lutterloh, C. H. ..... Hot Springs
MacLaughlin, O. J. ..... Hot Springs
Martin, L. G. ..... Hot Springs
*Merrit, J. F. ..... Hot Springs
Moss, C. S. ..... Hot Springs
Nims, C. H. ..... Hot Springs
Pate, C. N. ..... Hot Springs
Porter, W. F. ..... Hot Springs
Power, Allyn ..... Hot Springs
Preston, H. H. ..... Hot Springs
Proctor, J. M. ..... Hot Springs
Purdum, E. A. ..... Hot Springs
Reed, L. E. ..... Hot Springs
Rowland, J. F. ..... Hot Springs
Sanders, T. E. ..... Hot Springs
Scott, Jett ..... Hot Springs
Scully, F. J. ..... Hot Springs
Shaw, Ernest ..... Hot Springs
Short, Z. N. ..... Hot Springs
Smith, Euclid ..... Hot Springs
Smith, O. A. ..... Hot Springs
Smith, W. K. ..... Hot Springs
Stell, J. S. ..... Hot Springs
Stough, D. B. ..... Hot Springs
Strachan, J. B. ..... Hot Springs
Sullivan, A. G. ..... Hot Springs
Tarleton, F. S. ..... Hot Springs
Taylor, L. T. ..... Mt. Pine
Thompson, E. L. ..... Hot Springs
Tribble, A. H. ..... Hot Springs
Wade, H. K. ..... Hot Springs
Wilkins, J. S. ..... Hot Springs
Williams, J. M. ..... Greenville, Miss.
Wootton, W. T. ..... Hot Springs
Wright, H. K. ..... Hot Springs

GRANT COUNTY†

Cole, C. F. ..... Prattsville
Cole, John ..... Prattsville
Cox, J. E. ..... Leola
Hope, O. W. ..... Sheridan
Kelly, Miles F. ..... Sheridan
Kelly, O. R. ..... Sheridan

GREENE COUNTY†

Blackwood, J. D. ..... Jonesboro
Bridges, G. P. ..... Paragould
Dillman, J. A. ..... Paragould
Ellington, W. E. ..... Paragould
Haley, R. J. ..... Paragould
Haley, Robt., Jr. ..... Paragould
Hardesty, C. A. ..... Paragould
Hudgins, J. J. ..... Paragould
Hutcherson, R. L. ..... Delaplaine
*Lamb, J. H. ..... Paragould
Majors, W. M. ..... Paragould
Self, G. S. ..... Paragould

HEMPSTEAD COUNTY†

Allison, W. G. ..... Hope
*Autrey, J. R. ..... Columbus
Branch, J. W. ..... Hope
Cannon, G. E. ..... Hope
Carrigan, P. B. ..... Hope
Darnall, H. H. ..... Fulton
Gentry, J. E. ..... McCaskill
Kolb, A. C. ..... Hope
Lile, L. M. ..... Hope
Martindale, J. G. ..... Hope
McDonald, T. L. ..... Hope
McKenzie, Jim ..... Hope
Robins, W. F. ..... Ozan
Sheriff, J. P. ..... Blevins
Smith, Don ..... Hope
Weaver, J. H. ..... Hope

HOT SPRING COUNTY

Barrier, W. F. ..... Malvern
*Bramlitt, E. T. ..... Malvern
Brown, H. L. ..... Malvern
Hodges, W. G. ..... Malvern
McCray, E. H. ..... Malvern
Norton, J. M. ..... Donaldson
Prickett, M. D. ..... Malvern

HOWARD-PIKE COUNTY

Alford, T. F. ..... Murfreesboro
Burleson, J. J. ..... Antoine
Dildy, E. V. ..... Nashville
Duncan, M. D. ..... Murfreesboro
Gibson, W. M. ..... Nashville
Gould, W. B. ..... Glenwood
Holcombe, J. T. ..... Mineral Springs
Holt, H. H. ..... Nashville
Hopkins, J. S. ..... Nashville
Roberts, J. L. ..... Nashville
Simpson, W. B. ..... Nashville
Wood, R. L. ..... Delight

INDEPENDENCE COUNTY

Askew, J. B. ..... Batesville
Bone, O. L. ..... Newark
Churchill, C. A. ..... Batesville
Copp, Noel ..... Calico Rock
Craig, M. S. ..... Batesville
Estes, W. H. ..... Sage
Evans, L. T. ..... Batesville
Gray, C. C. ..... Batesville
Gray, F. A. ..... Batesville
Hinkle, C. G. ..... Batesville
Huskey, I. M. ..... Cave City
Jeffery, Paul, ... Bethesda
Johnston, O. J. T. ..... Batesville
Jones, S. S. ..... Calico Rock
Jones, W. A. ..... Santa Monica, Calif.
Laman, G. T. ..... Cave City
McAdams, V. D. ..... Cord
Monfort, J. J. ..... Batesville
Robertson, S. N. ..... Sulphur Rock
Roe, C. E. ..... Viola
Smith, J. D. ..... Violet Hill
Smith, R. L. ..... Melbourne
Weathers, J. L. ..... Salem
Wilson, W. H. ..... Oford
Woods, O. S. ..... Salem
Wyatt, F. Q. ..... Batesville

JACKSON COUNTY†

Best, A. L. ..... Newport
Causey, G. A. ..... Swifton
Elton, A. M. ..... Newport
Erwin, I. H. ..... Newport
Gray, C. R. ..... Newport
Harris, M. L. ..... Newport
Ivy, J. B. ..... Tuckerman
Jamison, O. A. ..... Tuckerman
Justus, Shelby ..... Swifton
Kimberlin, K. K. ..... Tuckerman
Morton, R. F. ..... Swifton
Norris, R. O. ..... Tuckerman
Owens, M. B. ..... Newport
Pierce, W. N. ..... Tupelo
Stephens, G. K. ..... Newport
Walker, H. O. ..... Newport
Watson, E. L. ..... Newport

JEFFERSON COUNTY†

Beard, C. J. ..... Pine Bluff
Blackwell, O. G. ..... Pine Bluff
Bruce, W. H. ..... Pine Bluff
Capel, C. B. ..... Pine Bluff
Capel, H. T. ..... Pine Bluff
Caruthers, C. K. ..... Pine Bluff
Causey, H. A. ..... Pine Bluff
Clark, O. W. ..... Pine Bluff
Cunningham, T. J. ..... Pine Bluff
Hankison, O. C. ..... Pine Bluff
Higinbotham, C. J. ..... Pine Bluff
Jenkins, J. S. ..... Pine Bluff
John, J. W. ..... Pine Bluff
Lemons, J. M. ..... Pine Bluff
Lowe, W. T. ..... Pine Bluff
Luck, B. D., Jr. ..... Pine Bluff
Luck, B. D., Sr. ..... Pine Bluff
Maynard, R. E. ..... Pine Bluff
McMullen, E. C. ..... Pine Bluff
Palmer, J. T. ..... Pine Bluff
Payne, Virgil ..... Pine Bluff
*Pittman, W. G. ..... Pine Bluff
*Scales, J. W. ..... Pine Bluff
Shelton, M. A. ..... Wabbaseka
Simmons, W. H. ..... Pine Bluff
Spillyards, J. S. ..... Pine Bluff
Troupe, A. W. ..... Pine Bluff
Walker, J. K. ..... Pine Bluff
Woods, R. P. ..... Altheimer

JOHNSON COUNTY†

Burgess, M. E. ..... Sacetone, Ariz.
Graves, S. M. ..... Mt. Levi
Hardgrave, G. L. ..... Clarksville
Hunt, E. H. ..... Clarksville
Johnston, Robt. H. ..... Clarksville
Kolb, Jas. M. ..... Clarksville
Kolb, J. S. ..... Clarksville
Pierce, S. C. ..... Hartman
Pillstrom, E. W. ..... Coal Hill
Siegel, G. R. ..... Clarksville

LAFAYETTE COUNTY†

Baker, F. E. ..... Stamps
Keith, A. W. ..... Stamps
McKnight, J. F. ..... Bradley
Youmans, F. W. ..... Lewisville

LAWRENCE COUNTY†

Ball, C. C. ..... Ravenden
Blaine, Mitchell ..... Mammoth Spring
Brown, W. W. ..... Hardy
Cruse, E. J. ..... Black Rock
Felts, J. W. ..... Alicia
Guthrie, T. C. ..... Smithville
Hardaway, J. E. ..... Lynn
Hatcher, W. W. ..... Imboden
Henderson, A. G. ..... Imboden
Hughes, J. C. ..... Hoxie
Hukill, O. K. ..... Hot Springs
Hull, H. B. ..... Mammoth Spring
Jackson, J. F. ..... Walnut Ridge

Johnson, T. Z.	Walnut Ridge
Kendall, W. S.	Strawberry
Land, J. C.	Walnut Ridge
Merrell, J. L.	Walnut Ridge
Neece, T. C.	Walnut Ridge
Tibbels, Chas. D.	Black Rock
Tibbels, Wm. O.	Evening Shade
Townsend, C. C.	Walnut Ridge
Watkins, G. M.	Walnut Ridge

LEE COUNTY†

Bean, W. B.	Marianna
Bogart, H. D.	Marianna
Chaffin, C. W.	Moro
Crawford, W. S.	Marianna
Hodge, N. C.	Marianna
Miller, J. C.	Brickeys
White, H. L.	Rondo
Williamson, O. L.	Marianna

LINCOLN COUNTY†

Dixon, C. W.	Gould
Johnson, R. L.	Grady
*Tarver, Vernon	Star City
Thiolliere, A. C.	North Little Rock
Wood, G. C.	Grady

LITTLE RIVER COUNTY†

Castile, Herman	Foreman
King, E. R.	Ashdown
Phillips, P. H.	Ashdown
Ringgold, J. W.	Ashdown
*York, W. W.	Ashdown

LONOKE COUNTY†

Beaty, S. S.	England
Benton, T. E.	Lonoke
Brewer, J. F.	Kerrs, (P. O.Scott)
Callahan, E. A.	Carlisle
Corn, F. A., Jr.	Lonoke
Crowgey, W. B.	Scott
Harris, E. H.	Coy
Southall, S. A.	Lonoke
Utley, F. E.	Cabot
Ward, O. D.	England
Watson, A. C.	Haskell
Wells, J. B.	Scott

MADISON COUNTY†

Beeby, Chas.	Huntsville
Counts, Geo. D.	Wesley
Farmer, Howard	Little Rock
Hill, N. J.	Hindsville
Walker, J. F.	Combs
Youngblood, Fred	Huntsville

MILLER COUNTY†

Collom, S. A., Jr.	Texarkana
Daniel, N. B.	Texarkana
Daubs, Wm. H.	Lewisville
Fuller, T. E.	Texarkana
Hawley, E. A.	Texarkana
Hibbitts, Wm.	Texarkana
Hunt, Preston	Texarkana
Kirkpatrick, R. R.	Texarkana
Kittrell, T. F.	Texarkana
Kosminsky, L. J.	Texarkana
Lanier, L. H.	Texarkana
Laws, C. S.	Texarkana
Lee, A. G.	Texarkana
Lennard, F. M.	Texarkana
Longino, H. E.	Texarkana
Mann, Albert H.	Texarkana
Middleton, B. C.	Texarkana
Mosley, K. T.	Texarkana
Murry, H. E.	Texarkana
Priest, Perry	Texarkana
Robins, R. R.	Texarkana
Smith, W. D.	Texarkana
Webster, H. R.	Texarkana
Williams, J. F.	Texarkana

MISSISSIPPI COUNTY†

Atkinson, Gean	Manila
Atkinson, Geo.	Manila
Beasley, J. E.	Blytheville
Boyd, D. L.	Blytheville
Caldwell, C. A.	Blytheville
Campbell, J. H.	Joiner
Ellis, N. B.	Wilson
Grimmett, W. A.	Blytheville
Harwell, C. M.	Osceola
Hosey, N. R.	Joiner
Hubener, L. L.	Blytheville
Hudson, Thos. F.	Luxora
Husband, F. L.	Blytheville
Hutchins, W. P.	Manila
Johnson, I. R.	Blytheville
Johnson, R. L.	Bassett
Luckett, J. A.	Dell
Mahan, Thos. K.	Blytheville
Massey, L. D.	Osceola
Polk, J. T.	Keiser
Robinson, A. E.	Leachville
Robinson, F. A.	Blytheville
Saliba, J. A.	Blytheville
Schirmer, R. E.	Blytheville
Sheddan, W. J.	Osceola
Sims, H. C.	Blytheville
Smith, F. D.	Blytheville
Stevens, C. C.	Blytheville
Tidwell, J. L.	Dell
Walls, J. M.	Blytheville
Washburn, A. M.	Little Rock
Webb, Floyd	Blytheville
Wilson, J. H.	Dyess
Wilson, C. E.	Blytheville

MONROE COUNTY†

Boswell, W. L.	Clarendon
Bradley, W. T.	Blackton
Clark, A. S. J.	Clarendon
Dalton, M. L.	Brinkley
French, J. E.	Holly Grove
Henry, C. A.	Fort Smith
Martin, W. H.	Holly Grove
McKnight, C. H.	Brinkley
McKnight, E. D.	Brinkley
Murphey, N. E.	Clarendon

MONTGOMERY COUNTY†

Freeman, W. D.	Mr. Ida
McLean, J. H.	Caddo Gap
Robbins, J. D.	Mt. Ida
Stueart, J. B.	Norman

NEVADA COUNTY

Bottorff, M. K.	Prescott
Buchanan, A. S.	Prescott
Garner, W. M.	Bodcaw
Hesterly, J. B.	Prescott
Hesterly, S. J.	Prescott
Hirst, O. G.	Prescott
Hughes, R. P.	Prescott
Shell, E. E.	Prescott

OUACHITA COUNTY

Byrd, E. J.	Bearden
Clemens, J. P.	Mt. Holly
Early, C. S.	Camden
Jameson, J. B.	Camden
Kennerly, R. C.	Camden
McGill, S. D.	Camden
Partee, N. G.	Camden
Plunkett, C. M.	Elliott (P. O. Camden)
Powell, B. V.	Camden
Purifoy, W. A.	Chidester
Rhine, T. E.	Thornton
Rinehart, J. S.	Camden
Robins, R. B.	Camden
Robins, R. R.	Camden
Rushing, J. L.	Chidester
*Sanders, G. P.	Stephens
Smythe, C. H.	Stephens
Thompson, H. F.	Bearden
Thompson, S. A.	Camden
Word, N. S.	Camden

PHILLIPS COUNTY†

Baker, J. P.	West Helena
Brown, E. T.	Marvell
Bruce, W. B.	Helena
Butts, J. W.	Helena
Connolly, W. B.	Helena
Cox, A. E.	Helena
Cox, A. W.	Helena
Cruise, J. J.	Helena
Dozier, F. S.	Helena
Ellis, J. B., Sr.	Helena
Ellis, W. A., Jr.	Helena
Fink, M.	Helena
Henry, Morriss,	Helena
King, J. A.	Elaine
King, W. C.	Helena
Kultaen, Edward	Elaine
Maddox, A. H.	Elaine
Nicholls, J. W.	Helena
Norton, E. F.	Marvell
Orr, W. R.	Helena
Parker, Orlie	Elaine
Rightor, H. H.	Helena
Russwurm, W. C.	Helena
Storm, Geo. R.	West Helena

POLK COUNTY†

Campbell, C. A.	Potter
Hawkins, B. H.	Mena
Heller, H. G.	Mena
Hilton, J. G.	Mena
Lee, F. A.	Vandervoort
McElroy, F. O.	Mena
Murphey, J. H.	Opal
Redman, Pierre	Mena

POPE COUNTY

Cowan, Riley	London
Gardner, L.	Russellville
Hood, Robert	Russellville
Millard, R. I.	Russellville
Smith, L. M.	Russellville
Smith, R. L.	Russellville
Stanford, J. M.	Russellville
Tate, A. B.	Russellville
Teeter, C. R.	Russellville

PRAIRIE COUNTY†

Adams, Edward	Hazen
Calley, John H.	Waldron
Crockett, W. H.	Biscoe
Gilliam, J. C.	Des Arc
Lynn, J. R.	Hazen
Parker, Wm.	DeValls Bluff
Porter, T. G.	Hazen
Williams, W. J. B.	Des Arc
Wilson, J. G.	Gilbert

PULASKI COUNTY†

Aday, John L.	Little Rock
Agar, John	Little Rock
Allen, Estes	Little Rock
Allen, H. R.	Little Rock
Andujar, J. J.	Fort Worth, Texas
Arkebauer, C. A.	Little Rock
Atkinson, Shelby	North Little Rock
Autry, Dan H.	Little Rock
Autry, P. G.	Little Rock
Bailey, W. E.	Little Rock
Banks, Jeff	Little Rock
Barrier, L. F.	Little Rock
Bennett, B. A.	Little Rock
Blakely, R. M.	Little Rock
Bond, S. P.	Little Rock
Brooks, C. M.	Little Rock
Brown, T. D.	Little Rock
Calcote, R. J.	Little Rock
Caldwell, Robert	Little Rock
Carruth, O. A.	Little Rock
Carruthers, F. W.	Little Rock
Cazort, A. G.	Little Rock
Cheairs, D. T.	Little Rock
Chesnutt, C. R.	Little Rock
Choate, H. L.	Little Rock
Church, B. L.	Little Rock
Compton, J. N.	Little Rock
Cook, R. C.	Little Rock
Coon, A. B.	Little Rock
Cosgrove, K. W.	Little Rock
Crawford, J. B.	Little Rock
Cummins, Bryce	Little Rock
Cunningham, J. C.	Little Rock
Daly, M. G.	Little Rock
Darby, W. J.	North Little Rock
Darnall, R. F.	Little Rock
Davis, J. C.	Little Rock
Day, E. O.	Little Rock
DeGroat, A. F	Little Rock
Dibrell, J. L.	Little Rock
Dibrell, J. R.	Little Rock
Dildy, Dale	Little Rock
Dishongh, H. A.	Little Rock
Donaldson, J. K.	Little Rock
Eubanks, R. M.	Little Rock
Ferguson, R. L.	Chicago, Ill.
Fletcher, Elizabeth	Little Rock
*Fly, T. M.	Little Rock
Fowler, H. D.	Little Rock
Freemyer, W. N.	Little Rock
Fulmer, D. W.	Little Rock
Fulmer, P. M.	Little Rock
Fulmer, S. C.	Little Rock
Gann, Dewell, Jr.	Little Rock
Gay, E. C.	Little Rock
Gray, A. F.	Little Rock
Gray, E. F.	New York City, N. Y.
Gray, Oscar	Little Rock
Grayson, W. B.	Little Rock
Hardeman, D. R.	Little Rock
Harris, F. W.	Little Rock
Harris, R. P.	Hot Springs
Hayes, J. D.	Little Rock
Hayes, J. H.	Little Rock
Henry, Chas. R.	Little Rock
Higgins, H. A.	Little Rock
*Hinkle, S. B.	Little Rock
Hoge, S. F.	Little Rock
Hollis, N. T.	Little Rock
Holmes, Glenn	Little Rock
Howell, A. R.	North Little Rock
Hummel, H. G.	Little Rock
Hundley, L. K.	Springfield Ill.
Hundling, H. W.	Little Rock
Hyatt, D. T.	Little Rock
*Jackson, G. F.	Little Rock
Jobe, A. L.	Little Rock
Johnson, G. H.	Little Rock
Jones, H. F. H.	Little Rock
Junkin, S. P.	Little Rock
Kilbury, M. J.	Little Rock

Kirby, A. C. ..... Little Rock
Kory, R. C. ..... Little Rock
Lamb, W. A. ..... Little Rock
Langston, W. C. ..... Little Rock
Law, R. A. ..... Little Rock
Lawson, M. G. ..... Benton
Levy, Jerome S. ..... Little Rock
Lewis, Geo. V. ..... Little Rock
Lyons, V. E. ..... Little Rock
Mahoney, P. L. ..... Little Rock
May, C. B. ..... Little Rock
May, J. R. ..... Little Rock
McCaskill, M. E. ..... Little Rock
McCormack, G. A. ..... Little Rock
McLochlin, R. E. ..... Little Rock
McRae, W. M. ..... Little Rock
Melson, Madeline M. ..... Little Rock
Melson, O. C. ..... Little Rock
*Milliken, R. A. ..... Little Rock
Moore, R. D., Jr. ..... Mt. Pleasont, Tex.
Morgan, Dollie ..... Little Rock
Murphey, Pat ..... Little Rock
Newman, W. V. ..... Little Rock
Oates, C. E. ..... North Little Rock
Parmley, Val ..... Little Rock
Parsons, J. E., Jr. ..... Little Rock
Parsons, W. R. ..... Little Rock
Patterson, R. Q. ..... Little Rock
Phillips, Samuel ..... Little Rock
Phipps, W. E. ..... Little Rock
Pirnique, A. F ..... Little Rock
Raney, T. J. ..... Little Rock
Reagan, G. W. ..... Little Rock
Reagan, L. D. ..... Little Rock
Reaves, B. J., Jr. ..... Little Rock
Reed, C. C., Sr. ..... Little Rock
Reed, C. C., Jr. ..... Little Rock
Rhinehart, B. A. ..... Little Rock
Rhinehart, D. A. ..... Little Rock
Richardson, W. R. ..... Little Rock
Riegler, N. W. ..... Little Rock
Roberts, J. N. ..... Little Rock
Robinson, B. L. ..... Little Rock
Rodgers, Clyde D. ..... Little Rock
Rogers, F. O. ..... Little Rock
*Roe, J. L. ..... Little Rock
Rosenbaum, C. A. ..... Little Rock
Sadler, W. L. ..... Little Rock
Samuel, John M. ..... Little Rock
Sanderlin, J. H. ..... Little Rock
Saxon, R. L. ..... Little Rock
Scott, Homer ..... Little Rock
Shipp, A. C. ..... Little Rock
Shipp, Harvey ..... Little Rock
Shuffield, J. F. ..... Little Rock
Smith, R. T. ..... Little Rock
Snodgrass, W. A. ..... Little Rock
Spitzberg, Irving ..... Little Rock
Stern, Howard ..... Little Rock
Stathakis, John ..... Little Rock
Stover, A. R ..... Chicago, Ill.
Strauss, A. W. ..... Little Rock
Summers, J. A. ..... Little Rock
Switzer, D. M. ..... North Little Rock
*Thatcher, Harvey S. ..... Little Rock
Thomas, P. E. ..... Little Rock
Thompson, E. I. ..... Little Rock
Thompson, G. D. ..... Little Rock
Utter, H. A. ..... Little Rock
Vinsonhaler, Frank ..... Little Rock
Wallis, Chas. ..... Little Rock
Wassell, C. M. ..... St. Charles
Watkins, Anderson ..... Little Rock
Watkins, J. G. ..... Little Rock
Watson, C. F. ..... Little Rock
Wayman, A. K. ..... Little Rock
Wayne, J. R. ..... Little Rock
Wayne, W. D. ..... Spencer, West Virginia
Webb, V. T. ..... Little Rock
Weny, N. F. ..... Little Rock
White, E. H. ..... Little Rock
Wilson, P. W. ..... Little Rock
Witt, C. E. ..... Little Rock
Woern, W. H. ..... England
Zell, Lawrence ..... Little Rock

RANDOLPH COUNTY†

Baltz, M. A. ..... Pocahontas
Brown, J. W. ..... Pocahontas
Finney, Clarence ..... Maynard
Hamil, W. E. ..... Pocahontas
Handley, E. L. ..... Pocahontas
Loftis, J. R. ..... Pocahontas
Loftis, W. O. ..... Pocahontas
Ryburn, J. W. ..... Pocahontas
Smith, J. E. ..... Reyno
Smith, Oscar ..... Biggers

SAINT FRANCIS COUNTY†

Banks,. Thos V. ..... Hughes
Bogart, C. N. ..... Forrest City
Bogart, J. A. ..... Forrest City
Burch, W. D. ..... Hughes
Caldwell, A. B. ..... Forrest City
Chaffin, E. J. ..... Hughes
Darnall, Ernest ..... Colt
Davidson, J. S. ..... Forrest City
McCown, N. C. ..... Forrest City
Powell, C. V. ..... Round Pond
Rush, J. O. ..... Forrest City
Winter, W. A. ..... Widener

SALINE COUNTY†

Ashby, J. W. ..... Benton
Blakely, M. M. ..... Benton
Buckley, E. A. ..... Bauxite
Buffington, T. E. ..... Benton
Burks, J. A. ..... Benton
Gann, Dewell, Sr. ..... Benton
Jones, C. W. ..... Benton
Little J. E. ..... Benton
Walton, Chas. ..... Wadsworth, Kansas
Ward, W. W. ..... Alexander
*Watson, Thos. C. ..... Benton

SCOTT COUNTY

Bevill, Cheves ..... Waldron

SEARCY COUNTY†

Bing, E. A. ..... Marshall
Cotton, J. O. ..... Leslie
Daniel, S. G. ..... Marshall
Fendley, E. G. ..... Leslie
Henley, J. A. ..... Marshall
Leslie, J. O. ..... Marshall
Rogers, W. F. ..... St. Joe
Wood, E. W. ..... Marshall

SEBASTIAN COUNTY

Adams, W. F. ..... Fort Smith
Amis, J. W. ..... Fort Smith
Arnold, W. O. ..... Fort Smith
Benefield, C. E. ..... Fort Smith
Benefield, J. H. ..... Fort Smith
Billingsley, C. B. ..... Fort Smith
Blair, A. A. ..... Fort Smith
Brooksher, W. R. ..... Fort Smith
Buckley, J. H. ..... Fort Smith
Bungart, C. S. ..... Fort Smith
Chamberlain, C. T. ..... Fort Smith
Coffman, J. S. ..... Lavaca
Collette, E. L., Jr. ..... Fort Smith
Crigler, R. E. ..... Fort Smith
Dickey, A. B. ..... State Sanatorium
Dorente, D. R. ..... Fort Smith
Dorsey, H. C. ..... Fort Smith
Eberle, W. G. ..... Fort Smith
Foltz, T. P. ..... Fort Smith
Foster, M. E. ..... Fort Smith
Freer, B. W. ..... Fort Smith
Goldstein, D. W. ..... Fort Smith
Hall, C. W. ..... Greenwood
Henry, Louise ..... Fort Smith
Henry, L. M. ..... Fort Smith
Hoge, A. F. ..... Fort Smith
Holt, C. S. ..... Fort Smith
Honomichl, O. R. ..... Hackett
Johnson, Hugh ..... Fort Smith
Johnson, J. E. ..... Fort Smith
Jones, E. B. ..... Hartford
Jones, I. F. ..... Fort Smith
Kennedy, C. H. ..... Fort Smith
Krock, F. H. ..... Fort Smith
McConnell, S. P. ..... Booneville
Means, C. S. ..... Fort Smith
Moulton, E. C. ..... Fort Smith
Moulton, H. ..... Fort Smith
Nowlin, R. R. ..... State Sanatorium
Ogden, J. C. ..... Long Beach, Calif.
Redman, J. W., ... Nashville
Riley, J. D. ..... State Sanatorium
Rose, W. F. ..... Fort Smith
Scott, M. H. ..... Jenny Lind
Smith, R. T. ..... Fort Smith
Smith, H. H. ..... Fort Smith
Southard, J. S. ..... Fort Smith
Stevenson, J. E. ..... Fort Smith
Stubbs, S. P. ..... Fort Smith
Ware, B. L. ..... Greenwood
Weddington, R. E. ..... Fort Smith
*Willingham, J. J. ..... Fort Smith
Wolfermann, S. J. ..... Fort Smith
Woods, G. G. ..... Huntington
Woods, W. M. ..... Huntington
Yankoff, P. D. ..... Fort Smith

SEVIER COUNTY†

Archer, C. A. ..... DeQueen
Dickinson, R. C. ..... Horatio
Graves, J. C. ..... Lockesburg
Hanchey, C. C. ..... DeQueen
Hendricks, J. S. ..... DeQueen
Hendrix, B. E. ..... Gillham
Hopkins, R. L. ..... DeQueen
Jones, I. G. ..... DeQueen
Kimball, G. L. ..... DeQueen
Kitchens, C. E. ..... DeQueen
Norwood, M. L. ..... Lockesburg

UNION COUNTY†

Cathey, A. D. ..... El Dorado
Clark, J. F. ..... Little Rock
Cullins, J. G. ..... Marion, Indiana
DeBolt, G. C. ..... El Dorado
Fincher, L. G. ..... El Dorado
Ginn, W. T. ..... Calion
Hardin, M. A. ..... Norphlet
Harper, John W. ..... El Dorado
Harper, W. L. ..... Junction City
Irby, F. L. ..... El Dorado
Kennedy, C. E. ..... Smackover
Kitchen, D. K. ..... Detroit, Michigan
LeVine, David ..... El Dorado
Mahony, F. O. ..... El Dorado
Mayfield, H. F. ..... Huttig
Mayfield, Hugh J. ..... El Dorado
McCall, Daniel ..... Lawson
McGraw, S. J. ..... El Dorado
Mitchell, J. G. ..... El Dorado
Moore, B. L. ..... El Dorado
Moore, J. A. ..... El Dorado
Munn, E. J. ..... El Dorado
Murphy, G. D. ..... El Dorado
Murphy, H. A. ..... El Dorado
Muse, P. H. ..... Junction City
Newton, W. L. ..... Smackover
Patterson, W. L. ..... El Dorado
Purifoy, L. L. ..... El Dorado
Riley, Warren S. ..... El Dorado
Rowland, R. E. ..... Little Rock
Russell, M. V. ..... El Dorado
Sheppard, J. K. ..... El Dorado
Sheppard, J. M. ..... El Dorado
Slaughter, J. W. ..... El Dorado
Smith, D. V. ..... Huttig
Smith, J. M. ..... Smackover
Vines, F. P. ..... El Dorado
White, D. E. ..... El Dorado
Wharton, J. B., Sr. ..... El Dorado
Wharton, J. B., Jr. ..... El Dorado
Wozencraft, W. L. ..... El Dorado

WASHINGTON COUNTY

Baggett, Jeff ..... Prairie Grove
Bean, J. L. ..... Lincoln
Callen, C. B. ..... Fayetteville
Ellis, E. F. ..... Fayetteville
Gilbert, A. A. ..... Fayetteville
*Gray, T. E. ..... Winslow
Gregg, A. S. ..... Fayetteville
Harr, H. T. ..... Fayetteville
Hathcock, Alfred ..... Fayetteville
Hathcock, P. L. ..... Fayetteville
Hathcock, Preston L., Sr. ..... Fayetteville
Haugen, I. J. ..... San Francisco, Cal.
Henry, H. B. ..... Biloxi, Miss.
Henry, R. T. ..... Springdale
Howze, H. H. ..... Fayetteville
Huntington, R. H. ..... Fayetteville
Lesh, Ruth Ellis ..... Fayetteville
Lewis, J. F. ..... Fayetteville
McCormick, E. G. ..... Prairie Grove
Miller, R. W. ..... Fayetteville
Mock, W. H. ..... Prairie Grove
Morrow, F. R. ..... Fayetteville
Richardson, Fount ..... Fayetteville
Robinson, J. A. ..... Summers
Sisco, C. P. ..... Springdale
Turner, R. J. ..... Fayetteville
*Wood, H. D. ..... Fayetteville

WHITE COUNTY†

Abington, E. H. ..... Beebe
Adair, T. L. ..... Bald Knob
Allbright, S. J. ..... Searcy
Dunklin, A. J. ..... Searcy
Felts, W. R. ..... Judsonia
Hardy, F. P. ..... Searcy
Hawkins, M. C., Jr. ..... Searcy
Hudgins, A. H. ..... Searcy
Peeler, C. M. ..... Panaburn
Sloan, D. W. ..... Beebe
Sloan, J. R. ..... Garner
Spain, A. L. ..... Letona

WOODRUFF COUNTY

Biles, L. E. ..... Augusta
Brewer, E. F. ..... Augusta
Dungan, C. E. ..... Augusta
Evans, R. H. ..... Chatfield
Hays, J. F. ..... Augusta
Maguire, F. C., Sr. ..... Augusta
Maguire, F. C., Jr. ..... Jasper
Morris, J. W. ..... McCrory
Murphy, Frank ..... Lexa
West, J. H. ..... McCrory
Wilkins, W. T. ..... Cotton Plant

YELL COUNTY

Ballenger, W. E. ..... Plainview
Haster, E. J. ..... Dardanelle
Montgomery, H. L. ..... Gravelly

PERSONALS AND NEWS ITEMS

W. M. Woods, Huntington, spent a September vacation in Minnesota.

Edward Adams has returned from Albuquerque and located at Hazen.

The Pulaski County Tuberculosis Association has elected the following officers: President, S. C. Fulmer; Directors, D. T. Hyatt, R. E. McLochlin and J. R. May.

R. Emmet Hannon has become associated with Francis J. Scully in practice at Hot Springs National Park.

D. W. Goldstein addressed the Fort Smith Rotary Club September 28th on "Syphilis."

BORN—to Dr. and Mrs. W. V. Newman, Little Rock, a son, on September 24th.

Dr. and Mrs. J. K. Donaldson, Little Rock, took a motor trip to New Orleans in early October.

R. J. Calcote, Little Rock, attended the meeting of the American Academy of Opthalmology in Washington during October.

Chas. S. Holt and Raymond T. Smith, Fort Smith, attended the American Hospital Association at Dallas during September.

Paul Mahoney, Little Rock, recently attended clinics at Jefferson Hospital, Philadelphia, under Dr. Louis Clerf and the American Academy of Opthalmology at Washington. While in the east, Dr. Mahoney attended the World Series.

"Tularemia of the Human Breast," by M. J. Kilbury and S. C. Fulmer, Little Rock, appeared in the July issue of the American Journal of Clinical Pathology.

Dr. and Mrs. Edwin F. Gray recently spent a vacation in Bermuda. Dr. Gray is senior resident radiologist at Presbyterian Hospital, New York City.

F. Walter Carruthers, Little Rock, attended the sessions of the Clinical Society of Bone and Joint Surgeons in Nashville, Tennessee, in October.

Ross Maynard has been elected second vice-president of the Pine Bluff Kiwanis Club.

Ulys Jackson, Marshall, is taking a course in public health at Vanderbilt University.

J. P. Clemens, Mount Holly, has recovered from a prolonged illness.

Raymond Cook, Little Rock, attended the meeting of the American Academy of Opthalmology in Washington during October.

Howard S. Stern has opened an office for practice at 323-324 Exchange Building, Little Rock.

"Unusual Complication of Radical Antrum Operation," by T. E. Fuller, Texarkana, appeared in the October Southern Medical Journal.

Allyn R. Power, Hot Springs National Park, is taking postgraduate work at the Mayo Foundation.

Fred H. Krock has been elected president of the Fort Smith Camera Club.

E. C. Gay, Little Rock, recently took postgraduate work at Washington University, Saint Louis.

C. T. Chamberlain, Fort Smith, recently addressed the Van Buren P. T. A. on "Physical Health in Relation to Social Codes."

BORN—To Dr. and Mrs. V. O. Lesh, Fayetteville, on September 26th, a son, Vincent Edward.

A. F. Pirnique recently addressed the Little Rock Kiwanis Club on "Czechoslovakia."

Fellowship in the American College of Surgeons was conferred upon A. B. Dickey, State Sanatorium; A. H. Hathcock, Fayetteville, and R. B. Robins, Camden, at the recent convocation held in New York City.

The First Councilor District Medical Society has elected the following officers: President, W. W. Hatcher, Imboden; Vice-president, L. H. McDaniel, Tyronza, and Secretary-treasurer, J. H. McCurry, Cash. The next meeting will be held at Tyronza.

In attendance at the October convocation of the American College of Surgeons were: A. F. Hoge, Fort Smith; A. B. Dickey, State Sanatorium; A. H. Hathcock, Fayetteville; Joe F. Shuffield, Little Rock; W. Decker Smith, Texarkana, and R. B. Robins, Camden.

RANDOM THOUGHTS OF THE SECRETARY

September 24th. Traversing eastern Colorado, we catch up with another red-tagged car, finding the President and Elizabeth, bronzed from three weeks in the higher altitudes, enthused over good fishing, and rampant with anecdote over trails, incidents, highways encountered in their personal expedition to northeastern Colorado. Thence, playing auto leap frog with the Wolfermann's to Pratt, Kansas, where the night is spent, the program for a meeting at Camden arranged, Bob Robins so advised, and other matters up for consideration. Duly considered, we discover "twin steaks," an epicurean novelty of the Kansas plains.

September 25th. The family gathered under one roof for a spell, we adapt ourselves to the presence of a wife and son, that is, we endeavor to promote adaptibility, these two making routine the least likely of all possibilities.

September 27th. This day in conference where some idealistic views on health problems are presented, yet grateful that we have been afforded the opportunity to hear wholesome thoughts on medical relief by J. W. Hull, NYA Administrator for Arkansas, most welcome to these old ears weary of the platitudes of a succession of reformers.

October 4th. Graciously received as the guest of the Washington County Medical Society, we enjoy the fellowship of this splendid group of physicians and the Washington Hotel's good meal, one of two places in these United States where hot bread is served with the meal. Finding E. F. Ellis beaming as a grandfather is an additional pleasure.

October 6th. With the Wolfermann's, Peggy and I negotiate the hot miles to Camden, encountering every variety of domestic quadruped on the highway, the hogs being a bit of a novelty to us, accustomed as we are to cows only. Noting also the effects of organization in this section of the state, the gravel road displaced by a modern black top highway, from which we draw the lesson that organization pays in every phase of human endeavor. The Fifth District holds another good meeting, puzzling to us only in the taste of the barbecued lamb and beef, but we naturally infer that Robins, Thompson and Jameson had been out driving along the same highway with casualties to the porkers thereon. Surprised to find Fay and Edna Jones the lone guests from Pulaski County, yet must say that the capital city was ably represented. Paul Mahoney missed this Memphis program.

The most devastating criticism that can come to a physician is not that he is unable to care for all who might desire his services, but that he fails to give the best to those whom he serves.—Detroit Medical News.

It is not merely "social security" but job security which the political parties should be seeking to establish today—David Lawrence.

AUXILIARY NEWS

Officers were installed, committee appointments were announced, and other business was transacted October 10th at the first fall meeting of the Auxiliary to the Sebastian County Medical Society. The business session was held in connection with a 1 o'clock luncheon meeting at the home of Mrs. Ruth Moss Carroll, 400 North Greenwood avenue. Mrs. A. A. Blair, new president, and Mrs. D. W. Goldstein were co-hostesses.

Mrs. Ralph Weddington was elected to membership and the Auxiliary voted to subscribe to the publication "Hygeia," for the Girls' club, Carnegie library, Rosalie Tilles Children's home, Young Woman's Christian Association and 12 rural schools. A brief review of highlights of the national convention, held in San Francisco, last summer, was given by Mrs. Goldstein, who attended the convention.

Officers installed were Mrs. Blair, president; Mrs. J. S. Southard, who as the out-going president became vice-president; Mrs. Thomas Price Foltz, secretary; Mrs. Charles T. Chamberlain, treasurer; and Mrs. W. F. Rose, publicity chairman.

Committees announced by the president are: Public Relations, Mrs. B. Wayne Freer, chairman, Mrs. A. F. Hoge; Hygeia, Mrs. Raymond Smith, chairman, Mrs. B. B. Bruce; Telephone, Mrs. D. W. Goldstein, chairman; Mrs. Walter Eberle, Mrs. W. F. Adams, Mrs. S. P. Stubbs; Publicity, Mrs. W. F. Rose; Courtesy, Mrs. J. S. Southard; Program, Mrs. W. R. Brooksher, Jr., chairman.

Those present at the meeting were: Mrs. A. A. Blair, Mrs. D. W. Goldstein, Mrs. Charles T. Chamberlain, Mrs. B. B. Bruce, Mrs. Raymond Smith, Mrs. Walter Eberle, Mrs. Ralph Weddington, Mrs. J. S. Southard, Mrs. Thomas Price Foltz, Mrs. W. F. Adams, Mrs. M. E. Foster, Mrs. Everett Moulton, Mrs. W. F. Rose and Mrs. Fred Krock.

MRS. W. F. ROSE,
Publicity Chairman for the
Auxiliary to the Sebastian
County Medical Society.

Mrs. C. E. Kitchens, Mrs. P. H. Phillips, Mrs. J. T. Robison, Mrs. Joe Tyson and Mrs. S. A. Collom entertained members of the Bowie and Miller Counties Medical Societies with a luncheon at one o'clock Friday in the home of Mrs. Kitchens, Thirtieth and Pine Streets. The occasion honored the newly president, Mrs. Roy Baskett, who was presented with a lovely corsage. The luncheon table was covered with a handsome lace cloth and centered with a crystal bowl filled with artistically arranged Talisman roses. Baskets of the same flowers were placed at vantage points throughout the reception rooms. Mary Maddox Collom, young daughter of Dr. and Mrs. Allen Collom, entertained the guests with a reading. Following the luncheon a business session was directed by Mrs. Roy Basket. Mrs. Ralph Cross gave an interesting talk on "An Appreciation of the Medical Auxiliary," which was followed by an article, read by Mrs. Harry Murry, which was taken from a recent issue of the Saturday Evening Post. Those present were: Mrs. Roy Baskett, Mrs. E. L. Beck, Mrs. Allen Collom, Jr., Mrs. S. A. Collom, Mrs. R. C. Cross, Mrs. T. E. Fuller, Mrs. William Hibbitts, Mrs. T. F. Kittrell, Mrs. H. E. Murry, Mrs. R. W. Pickett, Mrs. P. H. Phillips (Ashdown.

Arkansas), Mrs. A. W. Roberts, Mrs. R. R. Robbins, Mrs. J. T. Robison, Mrs. Decker Smith, Mrs. Joe Tyson.

Dr. and Mrs. Cockerham were hosts to the South East Arkansas Medical Society and Auxiliary on August 18th. A most deliciously prepared barbecue dinner was served to forty-six guests, doctors, wives and friends, in the basement of the Methodist church at Portland. After dinner, the Auxiliary assembled in the auditorium for a short business session. Contributions to the Elise Lake Foundation fund were taken and plans for a membership drive were discussed. When the business was completed, a program of music was rendered by Mrs. Guy Lindsay at the newly installed Hamlin Organ, and Mrs. S. L. Adams as soloist. After expressing appreciation to the hosts and friends for their gracious hospitality, we returned to our homes feeling much refreshed for having had such a pleasant fellowship.

Mrs. M. C. Crandall,
Publicity Chairman.

The Auxiliary to the Washington County Medical Medical Society enjoyed a dinner meeting at the Washington Hotel, Fayetteville, on the first Tuesday of the month with twelve members present.

The second meeting was in the home of a member with ten present and two visitors. At this meeting we had our program and worked on supplies for the City Hospital.

Mrs. P. L. Hathcock,
Publicity Chairman
Washington County Medical Auxiliary.

The Auxiliary to the Third Auxiliary District Medical Society met in Marianna, October 26th. Mrs. J. B. Crawford, State President, and Mrs. C. E. Oates, chairman of the Student Loan Fund were guest speakers.

Mrs. E. D. McKnight,
Brinkley, Arkansas.

BOOK REVIEWS

Diseases of the Skin for Practitioner and Students: By George Clinton Andrews, A. B., M. D., Associate Professor of Dermatology, College of Physicians and Surgeons, Columbia University; Chief of Clinic Department of Dermatology, Vanderbilt Clinic; Fellow of the American Medical Association, of the American College of Physicians, and of the New York Academy of Medicine. Second Edition, Entirely Reset. 899 pages with 938 illustrations. Philadelphia and London: W. B. Saunders Company, 1938. Cloth, $10.00 net.

The second edition has been completely revised, new chapters and illustrations have been added, and seventy-five lesions not included in the first edition are presented. The illustrations are excellent. Newer methods are featured and many new prescriptions are given. The classification is that of the author and is based upon a tremendous amount of material from the clinics of Columbia University and the Vanderbilt Clinic. This is a complete and useful textbook on skin disease.

Outline of Roentgen Diagnosis. An Orientation in the Basic Principles of Diagnosis by the Roentgen Method. By Leo G. Rigler, B. S., M. B., M. D., Professor of Radiology, University of Minnesota, Minneapolis. Atlas edition, 211 illustrations. Price $6.50. Philadelphia: J. B. Lippincott Company, 1938.

The author presents in outline form the general principles of roentgen diagnosis, their application in the various body segments, the whole supplemented with a unique atlas of roentgenograms and drawings by a special technic. The various special roentgen examinations, as the use of iodized oil, encephalography, etc., are also discussed. The volume represents the expansion of the author's lectures, previously available in mimeograph form. The book is especially valuable to teachers and students since it gives a comprehensive, organized guide for lectures and is, at the same time, a satisfying text. Physicians, not specialists, may profitably study the work in order that they may intelligently request the help of the roentgenologist in their diagnostic problems.

The Vitamins and Their Clinical Application. by Prof. W. Stepp, Director of the Medical Clinic, University of Munich; Doz. Dr. Kuhnau, Director of the Municipal Institute for Balneology and Metabolism, Wiesbaden, and Dr. H. Schroeder, Associate at the Medical Clinic, University of Munich. Translated by Herman A. H. Bouman, M. D., Minneapolis. Pp. 173. Price $4.50. Milwaukee: The Wisconsin Cuneo Press, 1938.

The manual comprehensively describes each of the known vitamins and gives their clinical application. The clinical applications appear to be numerous.

Hernia. By Leigh F. Watson, M. D., Member of Attending Staff, California Lutheran Hospital and Methodist Hospital of Southern California, Los Angeles. Second Edition. Pp. 591. 281 illustrations. Price $7.50. Saint Louis: C. V. Mosby Company, 1938.

In this second edition much new material has been added, the historical references have been condensed and additional illustrations appear. The injection treatment is adequately covered. The author limits his discussions to the procedures which have been found useful in his practice. The medical-legal aspects are discussed in the final chapter. This is an excellent work on the subject.

Anus . Rectum . Sigmoid Colon . Diagnosis and Treatment. By Harry Ellicott Bacon, B. S., M. D., F. A. C. S., F. A. P. S., Assistant Professor of Proctology, Temple University School of Medicine; Assistant Professor of Proctology, Graduate School of Medicine, University of Pennsylvania; Visiting Proctologist, St. Luke's and Children's Hospital; Proctologist, National Stomach Hospital; Consultant Proctologist, Mercy Hospital, etc. PP. 855. 487 illustrations. Price $8.50. Philadelphia: J. B. Lippincott Company, 1938.

Having the pleasure of personally knowing Dr. Harry Bacon and knowing the type of man he is, gives me much pleasure to review his book briefly. He is very thorough and practical in his work. His book is of an encyclopedia type and should prove of value to practitioners and proctologists as a work of reference.

His book is presented in twenty-four chapters which range wide in scope. Outstanding throughout their entirety is the concise and orderly manner of presentation so infrequently found in books of comparable detail. There are four hundred eighty-seven clear and direct photographs and drawings, some in color, which adequately supplement the text.

Preoperative and postoperative care is clearly described, including diet and treatment of various rectal disorders. All of the pathological conditions of the anus and colon are clearly defined and various forms of treatment described. The author describes some pathological conditions that heretofore have only been mentioned, which shows he has done considerable research.

Diseases of the Chest and the Principles of Physical Diagnosis: By George W. Norris, A. B., M. D., Formerly Professor of Clinical Medicine in the University of Pennsylvania; Chief of Medical Service "A", Pennsylvania Hospital; Erstwhile Colonel, M. C. U. S. Army; and H. R. M. Landis, A. M., M. D., Sc. D., Formerly Professor of Clinical Medicine in the University of Pennsylvania. Sixth Edition, Revised. 1019 pages with 478 illustrations. Philadelphia and London: W. B. Saunders Company, 1938. Cloth, $10.00 net.

This standard text has now reached the sixth edition, ample proof of its value to the profession. The authors stress the value of the ordinary means of physical examination but point out the value of modern instruments of precision. The discussion on coronary diseases is exceptionally good and well illustrated. This is a well-nigh indispensable work for the physician whether general practitioner or specialist.

The American Illustrated Medical Dictionary: A complete Dictionary of the terms used in Medicine, Surgery, Dentistry, Pharmacy, Chemistry, Nursing, Veterinary Science, Biology, Medical Biography, etc. By W. A. Newman Dorland, A. M., M. D., F. A. C. S., Lieut.-Colonel, M. R. C., U. S. Army; Member of the Committee on Nomenclature and Classification of Diseases of the American Medical Association; Editor of the "American Pocket Medical Dictionary." With the Collaboration of E. C. L. Miller, M. D., Medical College of Virginia. Eighteenth Edition, Revised and Enlarged. 1607 pages with 932 illustrations, including 283 portraits. Flexible and Stiff Binding. Philadelphia and London: W. B. Saunders Company, 1938. Plain, $7.00 net. Thumb Indexed, $7.50 net.

A standard work, this volume needs no review. Revised with a continuing effort to keep apace with the growth of medical terminology, it is not surprising that 3000 new words should be included in this edition. Definitions of all terms are exceptionally clear and brief and the volume is, in fact, a veritable encyclopedia. Its value is increased by the limp leather binding and the thumb index.

The Principles and Practice of Obsterics: By Joseph B. DeLee, A. M., M. D., Professor of Obsterics and Gynecology, Emeritus, University of Chicago; Consultant in Obstetrics, Chicago Lying-in Hospital and Dispensary, Consultant in Obsterics, Chicago Maternity Center. Seventh Edition, Entirely Reset. 1211 pages with 1277 illustrations on 985 figures, 271 of them in colors. Philadelphia and London: W. B. Saunders Company, 1938. Cloth, $12.00 net.

For many years Dr. DeLee's Obstetrics has been recognized as the standard text book of the country. It has been published over a period of twenty-five years, and in each edition it carries with it the best that is known in that field at that time. In view of the clamor for obstetric analgesia and anesthesia, it is especially apropos that this chapter be given a great deal of attention. Local anesthesia and barbiturates, which are being use more and more today, are given their place of prominence. Dr. DeLee has always advocated conservation and this edition carries with it that caution that we must still be conservative in spite of the modern trends. The treatment of puerperal sepsia with sulfanilamide is also given its place among the newer treatments of this dreaded complication. This edition, as well as the previous ones, may be used by student, practitioner, specialist or research worker in all forms of obstetrics.

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CONTROLLING THE SIZE OF THE FAMILY*

FRED J. TAUSSIG, M. D.
St. Louis

The number of children born in a family and the interval between their births is a matter that greatly influences the health of the mother; hence it is of vital concern to us as physicians. The more we go into the study of preventive medicine, the more we realize that disease is less the product of bacterial invasion than the result of our way of living and that drugs and surgery avail less in its control than changes in environment, nutrition and the inter-relationship of the family. The keystone in the arch is as a rule the health of the mother. If she becomes an invalid or dies, the physical well-being of the children is almost certain to suffer.

Please note that my title is "controlling" and not "limiting" the size of the family, for, as I shall later bring out in more detail the problem of limitation is little more than half of our program. It is of almost equal importance in many cases to try to induce parents to have more children. This positive side of birth control needs more emphasis than has been given it in the past.

Some thirty odd years ago when I began to practice, the medical profession could and did successfully dodge this whole issue. We never discussed contraceptive methods. In fact so many children died in infancy that the fear of a surplus gave our patients little concern. With the advent of the World War and its subsequent economic strains, with the sudden drop in infant mortality, the laity became interested in seeking measures for birth control. They gradually forced the medical profession to recognize its duty in this field. In spite of the opposition of special groups and those conservatively minded, the last ten years have witnessed a decided change of front by the organized profession. Differences of opinion such as they exist today, deal not so much with the advisability of limiting offspring under certain circumstances and for periods of time, as with the methods of contraception that may be ethically proper and dependable. Let us realize once and for all that the medical profession can no longer shirk its obligation; it must face this problem of child spacing quietly and sanely and try by scientific study and experimentation to work out a proper solution. At the onset of a new radical movement of this kind it may perhaps be necessary for the enthusiasts to court publicity in order to gain a hearing for their cause. In the case of the birth control movement we we have now, I believe, passed that stage. The United States Court of Appeals has at last recognized the legal rights of the profession to prescribe contraceptives. The American Medical Association, without directly expressing its approval, has conceded the necessity of studying this question from its medical aspects. Maternal Health clinics where contraceptive advice is given to the poor have multiplied three-fold in the past 7 years. I feel that we have now reached the stage where wide-spread publicity and propaganda are no longer necessary and may actually be harmful. The recent article in "Fortune" dealing with the subterranean trade in contraceptives was doubtless true but, in my opinion, the sensational method of its presentation was unfortunate. Let us cease this shouting from the housetops. The time is at hand for medical men throughout the country to get together for quiet discussion of these problems of human fertilization. Religious beliefs need not be a bar to the participation of all groups in this discussion, since a very considerable time should be devoted to consideration of reports and investigations dealing with non-mechanical methods of contraception such as the safe period and hormonal temporary infertility. It is in this spirit that I present to you today very briefly a summary of the results of contraceptive methods.

The studies of Ogino in Japan and of Kraus in Vienna on the safe period during which, according to them, impregnation did not occur raised the hope that we might have found a simple and effective method of contraception that could be employed by all women, Catholic and

*Read before the Sixty-third Annual Session of the Arkansas Medical Society, Texarkana, April 20, 1938.

non-Catholic alike. Hartman's work on the fertility period in monkeys largely confirmed these observations. Gynecologists were, of course, aware of the very considerable percentage of women in whom irregularity of menstruation made it impossible to calculate with any accuracy just when such a period of infertility might occur. In Emge's careful summary of the literature on this subject it is evident that not over 60 percent menstruate regularly every 28 days. Stein and Cohen studied the menstrual calendar of 115 normal women and found that in only 20 percent was there sufficient regularity to permit the calculation of a safe period. Particularly in the year following childbirth when it is most important to avoid another conception, is it the exception rather than the rule to find menstruation re-established with any degree of regularity. Lactation, a tendency to obesity, and hypothyroidism predispose to variation in intervals at this time, so that contraception based on the calculation of a safe period is unreliable. Dickinson's recent study of 200 families point to the frequency of pregnancy where this method of contraception alone is applied. On the other hand, Miller and Latz report success. The exact determination of the percentage of success by use of the safe period method requires further careful and unbiased investigation. For the present, however, we must agree that a method suitable for less than two-thirds of all women, with a definite incidence of failures even in this group, a method that limits cohabitation to short periods of time will not be a practical solution of the problem of contraception. On the other hand, in combination with other methods, observance of the safe period should definitely add to the security from an unwanted pregnancy.

Another non-mechanical method of contraception that is being studied intensively is the use of spermatoxins, hypodermic injections that through immune reactions will lead to cessation of the fertilizing ability of the sperm. These studies together with the effect of certain hormones on fertility are still far from having reached any practical conclusions. The fear rises in our minds of the possibility in these cases of impregnation by a damaged sperm with a deformed or defective child as the result. X-ray will produce temporary sterility and has been recommended in certain cases of tuberculosis as an agent to prevent conception. It, too, has its definite dangers and uncertainties. This should, however not discourage us from further investigations along these lines, since there is no question that from an esthetic standpoint the non-mechanical methods of contraception are definitely to be preferred.

The oldest of the mechanical methods of contraception is the use of the sheath or condom. Even in the days of the Egyptians such a method was used. The marked improvement in the purification and manufacture of rubber in the last ten years has rendered this method of preventing conception more dependable. Heretofore, the legal restrictions placed on the manufacture and sale of such articles has made it difficult to control their reliability. The progressive state of Oregon, leader in so many public health movements, has set an example by passing a law in 1935, according to which the licensing and supervision of such articles for contraception and prophylaxis was left to the Board of Pharmacy. According to this law no appliances or drugs intended for the prevention of conception or venereal diseases shall be sold without a license from the State Board of Pharmacy. The State of Idaho has passed a similar law. Licenses are issued only to druggists, surgical supply houses and to those manufacturing such articles. By means of repeated tests unreliable rubber goods have been denied sale and the business taken away from various illegal agencies, roadhouses, gasoline stations, etc. What a contrast between Oregon on the Pacific and Massachusetts on the Atlantic, where a few months ago, a Maternal Health Clinic in Salem sponsored by the finest women in the district for the benefit of the poor was closed down as illegal and those in charge placed under arrest. Fortunately the western states do not have so many 19th century laws to get rid of.

Since women must bear the burden of the unwanted pregnancy, they have been the ones primarily interested in contraception and have sought means for protecting themselves from such a contingency. The vaginal diaphragm in combination with the use of some spermicidal jelly has therefore been the method of choice in most birth control clinics. Many reports of the effectiveness of this method are now at hand. The most recent is one by Dewees and Beebe in the April 9th issue of the Journal of the American Medical Association. Scientific statistical methods have replaced the inaccurate statements as to failures that in the past made comparison of results impossible. We now use as a basis of comparison the ratio of unwanted pregnancies to 100 woman years. It is not merely the number of women who try a certain method but also the period of time during which they have tried it that enters into this calculation. Dewees and

Beebe found in a study of 662 patients who used the diaphragm and jelly method in private practice that there were 6 pregnancies per 100 woman years. This rate represents a reduction of about 94 percent in the risk of pregnancy incurred by women, who previously had employed no contraception. Half of the undesired pregnancies in this series were due to errors or omissions that could have been avoided. The use of this contraceptive method for many years did not impair the fertility of the wife. To prove this, the time required for conception was reported for 136 planned pregnancies. Fifty-one percent were conceived within one month, 76 percent within three months and 90 percent within six months.

Of special interest to those studying contraceptive measures in southern states are the reports of Dr. DeVilbiss from Dade county, Florida. The amount of intelligence and care required in the use of the diaphragm and jelly method make it rather unsuited for that very large section of our poorest and most ignorant women who have the greatest number of children. For them contraception must be simplified. Hence, DeVilbiss has used in her clinics, among the negroes and poor white women in Florida, a foam powder placed upon a moistened sponge inserted before coitus. The effectiveness of these foam powders both as an anti-spermicide and as a physical deterrent to the entrance of sperm into the cervix has been established experimentally. They are not quite as reliable as the properly used diaphragm and jelly but are so much simpler and less expensive that among this group of the under-privileged they are definitely to be preferred. In 203 white women attending the Dade County clinic using this method longer than six months the pregnancy rate per 100 person-exposure years (woman years) was 16. In 465 colored women in whom this foam powder-sponge method of contraception was used longer than 6 months there were also 16 pregnancies per 100 women-years. In 26 out of 33 white women and in 79 out of 84 colored women the pegnancy was due to admitted non-use. Where only failures of method were figured, the pregnancy rate per 100 women years was less than one. These surprisingly favorable results with a method applicable to people of low intelligence raises the hope that the wide-spread adoption of this procedure by them will help to improve their economic distress, now is amplified by their high birth rate. In Florida this contraceptive information was given to indigent sick families in their homes by trained case workers under the guidance of a physician. DeVilbiss adds: "The cost of this method is but a fraction of trying to provide medical and hospital care for sick indigents. Wisely used it can prevent much needless suffering as well as eliminating many problems of community administration."

A phase of this subject that has been my special interest for many years is the bearing of contraception on that considerable portion of maternal mortality (25 per cent) that results from induced abortion. It is self-evident that if the unwanted pregnancy could always be prevented by contraceptive measures, the need for induced abortion would be eliminated. This is of course easier said than done. Recently Raymond Pearl has made a study of contraception in Chicago and New York and found that among that group of women who use contraceptive measures, abortion was more prevalent than among those women who only rarely employed preventive measures. He comments that the failure of contraception leads to induced abortion. I fail to see the logic of this conclusion. It is evident that the woman who does not use contraceptive measures or uses them only in a haphazard way, it not greatly concerned about the advent of a pregnancy. If conception should occur, she takes the situation philosophically and carries the child to term. Where, however, an unwanted pregnancy is, for medical or economic reasons, a matter of vital concern, contraception is universally practiced; and where it fails, abortion may be resorted to in desperation. It is perfectly natural that in this group we would find the larger percentage of induced abortion. It is a fallacy, therefore, to assume that the practice of induced abortion is in any measure the result of the practice of contraception. As the measures for preventing conception become perfected, it is reasonable to expect a very definite drop in the incidence of induced abortion and thus also a decrease in our maternal mortality.

Some research is being carried out to improve the methods of contraception. The amount of time and money at present being expended on this subject is not a fraction of what its importance to the health of the community would warrant. I am convinced that investigations as intensive as are now being devoted to the subject of cancer would result in vastly increased knowledge and better methods in the next ten years. Even with the means at present available we can, in cases where an added pregnancy would definitely endanger the life of the mother and where sterilization is for some reason not advisable, employ a combination of methods that is 99 percent safe. There is a tendency on the

part of physicians to recommend just one method instead of a combination. Where conditions justify a greater certainty of contraception, I have advised the combined use of sheath, diaphragm and spermicidal jelly, and as far as practical the restriction of relations to the safe period. Such a combination would bring the percentage of safety close to the 100 percent that is desired.

Let us revert now to that other important phase of the birth-control movement, the cure of sterility and measures tending to an increase of parenthood among those who should have more children. In a study of the birth-rates in a group of American cities in the year 1935 according to income groups by the Millbank Foundation, it was shown that the lowest rates were not among the well-to-do with incomes **over** $3000 a year, but in the group whose income ranged between $1500 to $3000. In the former it was 88, in the latter 75 per 1000 native white women. The birth rate was the highest, 137 per 1000, among the unemployed and those with incomes of less than $1000 annually. To equalize this discrepancy and to improve the quality of our citizenry, it will not suffice to reduce the birth rate among the poor; we must also raise it among the middle classes. This is essentially an economic and not a medical problem. By lightening tax burdens in this class, by giving preference in government employment to those with more children, and through group hospital and group health insurance, we must seek ways to reduce the cost of maternity and infant care and so stimulate the desire for a larger family.

The problem of planned parenthood, of controlling the size of the family and the spacing of the children is one that vitally concerns the health of the mother and the happiness of the family circle. It is a field of preventive medicine that demands our most serious attention in the coming years. Now that both the laity and the profession have brushed aside to a large measure the legal restrictions and mid-Victorian foibles that in the past interfered with a free discussion of this subject, we can fairly hope in the near future to see our country peopled by a greater proportion of happier and healthier mothers with a greater proportion of healthy babies who survive to maturity.

COMING MEDICAL MEETINGS

Ninth Councilor District Medical Society, Harrison, December 6th.

Conference of County Health Officers, Little Rock, December 5th-6th.

IRREGULAR MENSES*

A. W. STRAUSS
Little Rock

I feel certain that the most common of all gynecologic complaints is irregular menses. As a matter of fact, there are but few women who do not complain of such at some time during their lives. I have, therefore, chosen to present to you a discussion on this subject, old though it may be, in order that we may more fully appreciate the later methods of diagnosing and treating such phenomena.

At this time it would be pertinent to the subject to give a brief resume concerning the physiology of menstruation. Menstruation is probably established at the time of the first complete ripening of an ovum. The first appearance of blood usually takes place at about the fourteenth year, though in some it begins as early as eleven, and in others as late as sixteen. Precocious menstruation in infants is usually due to some disturbance in the glands of internal secretion, while late menstruation is commonly the result of ovarian deficiency, either primary in the ovaries themselves, or secondary to the influence of other glands of internal secretion. The duration of menstrual life is usually from thirty to thirty-five years. As a rule those in whom puberty comes early have the menopause later than the normal. The uterine mucosa passes through three cyclic changes each month. (1) Premenstrual congestion, (2) period of menstruation, and (3) postmenstrual involution. The premenstrual congestion begins about ten days before the expected period. At this time the mucosa becomes two or three times thicker than normal. The blood vessels are dilated and surcharged with blood, later forming subepithelial hematomas. After this the uterus will contract and blood appears in uterine canal giving us the second phase, or period of menstruation. The average period is four days; but two to seven days may be considered normal. The amount of blood lost is 50 gms. (a little less than three ounces). With the cessation of bleeding the mucosa returns to its previous thickness of 2 or 3 mm. This process of involution takes about fourteen days.

The irregular menses which I now wish to discuss are (1) amenorrhoea; (2) menorrhagia; (3) metrorrhagia; and (4) delayed menopause.

Amenorrhoea. Amenorrhoea means the absence of menstruation. There is, however, to be considered under this heading hypo-menorrhoea,

*Read before the Sixty-third Annual Session of the Arkansas Medical Society, Texarkana, April 20, 1938.

a term applied to scanty menstruation or to the absence of menstruation for several months or more.

Absence of menstruation may be physiological; examples of which are pregnancy, lactation and climacteric changes. Then, too, amenorrhoea may be due to pathological causes. Any pelvic condition that affects the integrity of the endometrium from which comes the menstrual flow, or that affects the ovaries from which come the menstrual impulse, may cause amenorrhoea. As examples of the above are operations, such as oophorectomy, and hysterectomy. Hyperinvolution following parturition or abortion are causes. Ovarian tumor or inflammation may also destroy sufficient tissue as to diminish ovarian function.

Amenorrhoea may be due to some malformation such as absence of the vagina, uterus or ovaries. One of the most, if not the most important consideration of this subject, is that of the general condition of the patient. Chronic wasting diseases are very likely to cause amenorrhoea. The anemic patient needs all her blood for necessary vital processes. This fact emphasizes the importance of considering the patient as a whole when dealing with any symptom.

Neurological or psychic disturbances may cause amenorrhoea. Not only serious organic diseases of the nervous system, but also emotional changes such as joy, grief, disappointment, anxiety, exciting work and study for examinations may be factors.

As a final consideration for causing amenorrhoea is endocrine dysfunction. I purposely reserved this part of the discourse lastly, because the other causes of amenorrhoea must always be considered first rather than to immediately begin treating the patient with various endocrine preparations. The uterine endometrium is activated to menstruation by hormones manufactured in the ovary. However, these hormones are activated by hormones in the anterior lobe of the pituitary gland. The functioning of the pituitary is in turn influenced by other glands notably the thyroid and adrenal.

Endocrine cases present certain history items and examination findings which identify them. Of special importance in the differentiation of endocrine cases are as follows:

I. History items of importance are:
   (a) Menses: age of onset, regularity, duration, amount.
   (b) Weight: loss or gain, with time involved.
   (c) Headaches: location, type and duration.
   (d) Vision.
   (e) Gastro-intestinal disturbances.
   (f) Nervous symptoms; irritability, depression, crying spells.
   (g) General symptoms: Does patient tire easily? Is she sleepy most of the time? What are her habits as to work about the house, study and recreation?

II. Examination items of importance are:
   (a) Type of build.
   (b) Lean or fat. If fat, note distribution.
   (c) Hair: texture, distribution, premature graying or undue falling out.
   (d) Secondary sex characteristics: Breast development, distribution of hair, development of labia and clitoris.
   (e) Blood pressure, pulse and metabolic rate.
   (f) Findings by vagino-abdominal or recto-abdominal examinations. Is the uterus fully developed in size and well forward or is it very small and still in backward position?

As I have previously stated amenorrhoea is usually associated with hypofunction of the ovary, and in many cases this hypofunction is dependent on dysfunction of the anterior pituitary which in turn may be dependent on thyroid or adrenal dysfunction. Hypoactivity of the gonad causes a masculine shift in the female and a feminine shift in the male. On the other hand, hypoactivity of the anterior pituitary (the activator of gonads) produces some effects such as growth disturbance which are identical in male and female and other effects (through the gonads) which are opposite in male and female. Still another factor is the fact that potential testicular cells are found in the ovary and potential ovarian cells in the testicle.

Hypothyroidism is a frequent factor in ovarian and uterine disorders. The milder grades are revealed by the basal metabolism test. If allowed to pass to later stages, symptoms of myxedema may appear.

Hirsutism or abnormal hair development, also called hypertrichosis, may be caused by gonadae endocrine disorders of various types. The location and distribution of the abnormal hair indicates whether the gonadae disturbance is of hypertype (increased feminity) or hypotype (tendency to masculinity).

Treatment of Amenorrhoea. Assuming that treatment for blood dyscrasia, malnutrition or vitamin deficiency has been carried out, let us consider the endocrine treatment. If the basal meta-

bolism rate is low, thyroid is to be given, about one grain daily for each minus ten of the rate. Even if the rate be within normal limits, if the patient is definitely atonic, thyroid in small doses is usually advisable. Estrin by oral administration may be given in the form of progynon tablets, one or two or three times daily; one theelol kapseal two or three times daily; or amniotin, one capsule two or three times daily. It is a good plan to give an estrin preparation such as mentioned the first half of the menstrual cycle and continue fourteen days. On the seventh day pituitary hormones are started and continued in daily dosage intramuscularly until the sixteenth day. For this purpose gynantrin may be used or such preparations as antuitrin S, follutein, antophysin and A. P. L. Beginning the fifteenth, progestin is given to promote changes in the endometrium. This may be given in the form of prolution, one international unit, intra-muscularly daily for 12 days. This carries the patient to the twenty-sixth day of the cycle. All medication is then stopped, and the patient should show signs of menstruation in two to four days.

Menorrhagia and Metrorrhagia. It is well to consider these phenomena together and to classify the patients according to age into three groups:

(1) Childhood (ages one to ten).
(2) Developmental period (ten to twenty).
(3) Child bearing period (twenty to forty).

Childhood period (1-10 yrs.) In the infant a bloody uterine discharge at birth or a few days thereafter is caused by the withdrawal of the maternal estrogenic hormone which the fetus has been receiving. This show of blood is of no clinical importance and requires no treatment. Bleeding in childhood may be due to some serious blood dyscrasia or some vaginal growth. Pelvic tumors may also account for bleeding.

Developmental period (10-20 yrs.) The causes of bleeding in this age period are endocrine disturbances, blood dyscrasias, ovarian tumors, uterine myomata, and malignant disease; and the frequency is in about the order I have mentioned.

Childbearing period (20-40 yrs.) In this period bleeding is caused by conditions associated with pregnancy, inflammation in the pelvis, myomata, ovarian cysts, endocrine disturbances, blood dyscrasias and pelvic malignancies. The treatment of excessive bleeding again should be directed toward the patient's general condition and particularly to any blood dyscrasia. For tumors or pelvic pathology, the appropriate surgical measures should be used. Currettage may be indicated, particularly in the child-bearing period or in suspected malignancy of the uterus. Radium in small dosage, 300-400 milligram hours, is sometimes advantageous. From the endocrine standpoint it is well to use small doses of thyroid, particularly if metabolic rate is minus. If there is no result from thyroid medication it is well to investigate the pituitary. This includes X-ray examination of the sella turcica, sugar tolerance tests and examination of the visual fields. If still undecided about pituitary disturbance give anterior pituitary-like hormones obtained from the urine such as antuitrin S, follutein, antophysin or A. P. L., in combination with some extract of the anterior lobe of the pituitary such as gynantrin, prephysin or the growth hormone. The preparations of the first group contain a preponderance of the hormone resmbling pituitary-B, and the preparations of the second group contain some pituitary-A. In the normal cycle of events, pituitary-B aids in corpus luteum formation and in normal starting and stopping of the flow, while pituitary-A aids the normal growth of follicles and normal ovulation.

Another endocrine preparation sometimes used is parathormone, but its use should be limited to the cases with a low blood calcium.

Menopause. The age period now under discussion presents two phenomena. One is cessation of the menstrual flow, a physical event easily identified. The other is more indefinite, and runs through the long period of gradual cessation of ovarian endocrine influence, starting long before the menses cease and continuing long afterward. The first phenomena is given the name menopause, and the later is called climacteric. The problems connected with the menopause or climacteric are whether or not the phenomena are normal or pathological, and if the latter, what should be done about it. The first question brings up the inquiry as to what constitutes a normal menopause. At what age does menstruation normally cease? What is the earliest age at which it may cease and still be considered normal? What is the latest age of normal cessation? In regard to the age at which the menopause occurs, this permanent cessation of menstruation may take place any time within the limits of the fifth decade, age 40 to 50 years. The definite disturbances of the menopause are two, premature menopause and delayed menopause. However, it may be well to refer to certain premenstrual disturbances, namely, amenorrhoea, hypomenorrhoea, menorrhagia, and metrorrhagia. If such conditions are present the treatment should be as outlined previously.

In delayed menopause pelvic examination is indicated to demonstrate if local lesions are present such as uterine myomata, ovarian tumor, carcinoma of the cervix, or inflammatory process of some adjacent structure. We should also consider blood dyscrasias, thyroid disorder and cardio-vascular hypertension. Delayed menopause after age of fifty is an indication of aberrant endometrial activity and a warning of tendency to endometrial malignancy. Appropriate treatment consists usually of curretage for microscopic study, conization of cervix if needed for chronic cervicitis, and radium treatment to stop erratic endometrial and ovarian activity. If the microscopic investigation of the curretings or of the cervical tissue shows carcinoma has already developed, then radical measures must be employed.

Summary. It has been stressed that in cases of amenorrhoea, menorrhagia and metrorrhagia, the patient must be considered as a whole, not only for diagnosis, but for more accurate treatment. An understanding of the fundamental principles underlying pelvic physiology is essential to effective use of hormones in the treatment of endocrine disturbances causing gynecological symptoms. The need for prompt and accurate diagnosis and treatment of bleeding after the menopause has been emphasized.

ARKANSAS STATE HEALTH CONFERENCE
ARKANSAS STATE BOARD OF HEALTH

Hotel Marion, Little Rock, Arkansas

December 5 and 6, 1938

MONDAY, DECEMBER 5

Morning, General Session

9:00-10:00 A. M. Registration.

Meeting called to order by Dr. W. B. Grayson, State Health Officer.

Address: Dr. S. J. Wolfermann, President, Arkansas Medical Society, Ft. Smith, Arkansas.

Present Tendencies in Rural Health Organization, Dr. A. W. Freeman, Professor, Public Health, Johns Hopkins University, Baltimore, Maryland.

Health Needs for Mothers and Children, Miss Katherine Lenroot, Chief, Children's Bureau, U. S. Department of Labor, Washington, D. C.

Noon Recess—12-2:00 P. M.

A Mississippi County Program of Maternal Care, Dr. Felix J. Underwood, State Health Officer, Jackson, Mississippi.

Address: Dr. Thomas Parran, Jr., Surgeon General, U. S. Public Health Service, Washington, D. C., or Representative from the U. S. Public Health Service.

Administrative Problems in Malaria Control, Dr. E. G. Bishop, Medical Director, T. V. A., Chattanooga, Tennessee.

Working Problems Between Health Departments and the Red Cross, Dr. William DeKline, Medical Director, American Red Cross, Washington, D. C.

Banquet, Hotel Marion's Ballroom. Banquet will be followed by a dance.

TUESDAY, DECEMBER 6, 9:00 A. M.
Hotel Marion

Medical Director's Section
Dr. T. T. Ross, Presiding

School Health Program in Jefferson County, Dr. W. H. Bruce, Medical Director, Jefferson County.

Malaria in Arkansas, Dr. D. W. Fulmer, Medical Director, Garland County.

Dental Health Program in Miller County, Dr. John C. Wyrick, Dentist, Miller County Health Department.

Services of State Hygienic Laboratory, Dr. H. V. Stewart, Director, State Hygienic Laboratory.

Noon Recess—12-2:00 P. M.

The Problems of Tuberculosis Control in Arkansas, Dr. H. L. Fuller, Director, Division Tuberculosis Control, State Board of Health.

The Maternity Program in Conway County, Dr. W. P. Scarlett, Director, Field Experience Center, Morrilton, Arkansas.

Morbidity Reporting in Arkansas, Dr. A. M. Washburn, Director, Division Communicable Disease Control, Arkansas State Board of Health.

Plans for an Infant and Preschool Program in Miller County, Dr. Kirk T. Moseley, Medical Director, Miller County.

TUESDAY, DECEMBER 6
Hotel Marion

Public Health Nursing Section
Miss Matie Neely, Presiding

What's New in the State? (Five minute talks, followed by three minutes for questions and discussions.)

A. In Counties

1. Increased Public Health Services, Miss Matie Neely, Acting State Supervisor of Nurses.
2. Dental Health Programs, Dr. W. Myers Smith, Director, Maternal and Child Health.
3. Child Welfare Demonstrations, Miss Beth Muller, State Welfare Department.
4. Expansion of Syphilis Services, Dr. A. M. Washburn, Director Division Communicable Disease Control, Arkansas State Board of Health.
5. Industrial Hygiene, Mr. Roye W. Franks, Engineer, Division of Industrial Hygiene, Arkansas State Board of Health.
6. Rural Sanitation Program in Cooperation with Federal Agencies, Mr. W. A. Reiman, Chief Engineer, Bureau of Sanitary Engineering, Arkansas State Board of Health.

Noon Recess—12-1:30 P. M.

Skit—"The Public Health Nurse Explains the Maternity Nursing Service to the Private Physician."

B. For Counties

1. Maternity and Pediatric Consultants, Dr. W. Myers, Smith, Director Maternal and Child Health.
2. Crippled Children's Care, Miss Margaret Hockenberger, State Welfare Department.
3. Traveling Tuberculosis Clinic, Dr. H. L. Fuller, Director Division of Tuberculosis Control.
4. Malaria Surveys, Dr. D. W. Fulmer, Medical Director, Garland County.
5. Enlarged Laboratory Services, Dr. H. V. Stewart, Director, State Hygienic Laboratory (or representative).
6. Field Service in Vital Statistics, Mrs. J. B. Collie, Director, Bureau of Vital Statistics.

TUBERCULOSIS ABSTRACTS

A Review for Physicians

ISSUED MONTHLY BY THE NATIONAL TUBERCULOSIS ASSOCIATION

MEDICAL interest in a disease is apt to be proportional to its rarity or to the mystery surrounding its etiology, transmission or treatment. So ancient a malady as tuberculosis lacks the lure of novelty. Nevertheless its riddles still tempt the pathologist and the epidemiologist. Dr. James Alexander Miller brings to bear his profound scientific knowledge of tuberculosis and vast clinical experience in selecting the following problems for discussion and in suggesting lines of research which may direct us toward their further solution.

UNSOLVED PROBLEMS OF TUBERCULOSIS

Prior to Koch's discovery in 1882 opinion varied as to the infectiousness of tuberculosis. In 1873 the elder Flint wrote, "The doctrine of the contagiousness of the disease has now as hitherto its advocates, but the general belief of the profession is in its non-communicability." With the bacterial origin recognized this opinion was swept away. At times the tuberculin test shows up to 100% of a given population "infected" with tuberculosis, yet only 1% or 2% become seriously ill or die from superinfection. Other factors than infection alone enter into the problem as to why the disease develops in some and not in others. What are they?

Resistance

Evidence is in favor of the doctrine that if exposed to adequate dosage of tubercle bacilli a previously uninfected child or adult becomes infected and shows a positive reaction. Last year Bezancon demonstrated that 18% of children living in a heavily infected environment do not become positive. Others have found this true to a less degree.

Again we know that a certain resistance follows recovery from a primary mild infection. This is evidenced by the changed reaction to superinfection which rouses in the organism a fighting resistance not observed in the first infection. Further evidence of this acquired resistance is offered by the low incidence of fatal tuberculosis among the European Jews with their long history of racial infection. Recently, observations among a certain group of Indians appear to indicate that a considerable amount of such resistance may be acquired in the course of two or three generations.

Sensitiveness to tuberculin may fade out and be lost after apparently very mild infections or when a first infection lesion is totally cured. The reaction to subsequent infection is not then identical with an original first invasion but shows a diminished or altered resistance to such infection.

Pathogenesis

Another such unsolved problem in the realm of superinfection is that of exogenous or endogenous origin. Is the active and progressive disease following secondary infections due to the introduction of a new infection from without, or to an activation of an existing focus containing living tubercle bacilli? Proponents of the exogenous theory call attention to the "household character" of re-infections and the high incidence of disease in those children and adults in long contact with open cases and, therefore, presumably subjected to heavy and continuous dosage. Opponents, on the other hand, ask why, if inhalation is the cause of the disease do we not find multiple areas of superinfection instead of the usual limitation to a single locality in the lungs? A second question is why, when the first healed infection lesions show up so consistently in the middle or peripheral zones of the lung do we find superinfection with almost equal regularity in an apex? Inhalation infection is, at best, a chance and uncertain accident, while spread through lymph or blood channels is a most frequent and consistent process in any bacterial invasion.

Such lymphatic spread of pulmonary tuberculosis seems to have been proved beyond question by the careful studies of a number of noted pathologists. They believe this to be one definite step in the spread of the disease from an original first infection focus. It must be recognized, however, that this theory does not rule out the later bronchogenic spread of progressive phthisis when abscessed tuberculosis areas break

through and discharge pus into the bronchial channels.

Apical lesions revealed by the X-ray do not, necessarily, represent progressive disease. An adequate plan for the early discovery of such lesions, and their proper management, constitute two of the great unsolved problems of tuberculosis today.

Nurses and Physicians

Interest in the problem of tuberculosis in youth has focussed on its occurrence among nurses and medical students. Infection among young adults in the general population varies widely but outside of crowded cities the rate lies usually between 10% and 30%. Among fourth year medical students and nurses at the end of their training the figure approaches 100%. Discussion still prevails as to whether young people entering occupations where infection is extremely probable are better off if they have weathered their first infection or if they have not yet been sufficiently exposed to the bacilli to show a positive reaction to tuberculin. Although opinions vary, some excellent men advocate vaccination with BCG for nurses reacting negatively.

While we may reckon this as one of our unsolved problems, good preventive medical practice has prescribed a method of meeting it. Extraordinary aseptic precautions are introduced in modern institutions for the training of both nurses and physicians. While this procedure has been far too tardy in getting started, already it is showing striking results. The practical importance of such a program is evident when one considers on the one hand the criminal waste of human material which needless exposure induces and on the other the injury to the nursing profession which might result if desirable candidates became reluctant to face so serious a health menace.

Allergy

Allergy or the sensitivity to tuberculin varies greatly in the same person from time to time. A series of tests with Purified Protein Derivative has shown that the present decline in tuberculosis morbidity is associated with a marked decline in the intensity of allergy. On the other hand, it has been shown that morbidity, that is active phthisis, goes parallel with the incidence of hypersensitiveness, which is a point in favor of those who hold for hypersensitiveness as a reactivating agent.

The degree of allergy varies with the level of tuberculization in the environment, that is, differences in exposure by contact; hence it would appear that it is not the absolute but the relative level which counts. In persons living in a tuberculized environment, exposed constantly to infection, a permanent high level of allergy is maintained, and the exposure must be greatly intensified to produce a dangerous degree of hypersensitization. On the other hand, in those living in an environment of low tuberculization, tending to exhibit a low level of allergy, a much less intense exposure may produce hypersensitiveness. It would appear, therefore, that it is not the dose of infection alone but the previous degree of allergy which in any individual case indicates the danger of reactivation of lesions through hypersensitiveness. The practical importance of this situation is apparent; i.e., a given amount of exposure to infection may be serious for one person and quite harmless for another. It must, however, be borne in mind that change in the level of allergy is not the only factor involved.

Present knowledge tends to indicate that:

1. Tuberculin allergy is a relative phenomenon, which must always be considered in relation to the level of tuberculization in the environment or the extent of tuberculosis present in the individuals in question.

2. It is not the momentary level of allergy but its relative changes in either direction which are significant.

3. Infection sensitizes. Superinfection hypersensitizes. Hypersensitization may promote progression of recent lesions or reactivation of old lesions if it occurs too suddenly or becomes excessive.

Only a few of the unsolved problems of tuberculosis have been touched on. Obviously the campaign must be based on accurate scientific knowledge and this is still lacking in some important particulars. Consequently it would be a mistake to assume that the methods now employed are certainly sufficient to solve the tuberculosis problem. They must change in the light of new knowledge, and it may well be that the future holds unwelcome possibilities not visualized by those who consider that the goal would be in sight if the methods which appear adequate according to our present knowledge were thoroughly applied.

Some Unsolved Problems of Tuberculosis, James Alexander Miller, M.D., Jour. of the Amer. Med. Assn., Vol. III, No. 2, July 9, 1938.

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W. R. BROOKSHER, M. D., Editor

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EXCLUSIVE PUBLICATION—Articles are accepted for publication on the condition that they are contributed solely to this Journal.

NEWS—Our readers are requested to send in items of news, also marked copies of newspapers containing matter of interest to the membership.

EDITORIAL

1936—ASSURANCE—1938

We are wondering if other members recall the statement made in an address by President Roosevelt at the dedication of the Jersey City Medical Center on October 2, 1936: "The medical profession can rest assured that the Federal Administration contemplates no action detrimental to their interests. * * * The overwhelming majority of doctors of the nation want medicine kept out of politics. On occasions in the past attempts have been made to put medicine into politics. Such attempts have always failed and always will fail." Cheering words then; shall we derive the same comfort from them but two years later? While we can not say that we give their opinions unswerving belief, it is of interest in this connection to note the following news comments: "You can count on F. D. R. to push these pieces of legislation next session; administrative reorganization, part or all of the National Health Program * * *. Results of the fall elections will determine whether certain of the measures will be moderate or sweeping but unless Democrats take an unexpectedly harsh licking, all will be pushed in one form or another"— NEWSWEEK. Has anyone heard from the Republican party? "Put it down that a long step toward establishing permanent free public medical relief will be taken by Congress next year, regardless of the elections. The drive for federal-state aid of 'medically needy' is backed by all the forces that make for success. The administration is behind it. Congress has already blazed the trail. * * * The opposition is not only unorganized, but demoralized and bewildered."—WASHINGTON WHIRLIGIG. How do you, as an organized medical profession, react to those words, "unorganized, demoralized, bewildered"? Have you made a complete inventory of medical needs and care in your county as the survey contemplates? Have you, as individuals and as county society organizations, approached your legislative representatives in an effort to present to them the viewpoint of organized medicine? Are the people of your county informed as to the disadvantages inherent in any plan for governmental intervention in medical care? Are you taking steps to preserve your rights and privileges as a private practitioner of medicine?

AN OBLIGATION

The November issue of Fortune carries a well-written article on the American Medical Association which we feel will be of interest to our readers. The activities of the Association are discussed in detail, but, as may be expected for its timeliness, the relationship of the Association and its members to governmental intervention in medical care receives greater emphasis. The article explains "that the American Medical Association is in the process of acknowledging the defeat of its own leadership * * * and it finds itself within hailing distance of its own downfall. It has been in the backwash of social forces that are threatening to crumble it, and apparently it is now on the point of trying to move with the current."

An article of this informative and analytical character is not to be refuted by these mere words and we are of the opinion that organized medicine should take full cognizance of the statements in Fortune, seeking to ascertain wherein the profession may be at fault or laggard in its socio-political relationship. Medicine's effort to survey the medical needs and care of the people has not met with the response which is its due in Arkansas. There is every reason why medicine itself should have accurate and honest studies on the provision of medical care to the people. Through physicians alone can this data be fully obtained. With the compilation of the information obtained in the survey actual need for

changes in medical practice as now in effect may be shown in some localities. The responsibility for the discovery of such lack of proper medical care and the institution of corrective measures is the sole responsibility of the medical profession at this time. It should be well remembered that after legislation is adopted, the privilege of making such changes in medical practice may rest solely in the hands of others than physicians.

RESOLUTION

"Whereas, God in His infinite wisdom has taken from us our colleague and fellow member, Dr. J. F. Merritt; and,

"Whereas, Dr. Merritt, while not active in our society, was well liked and well known because of his work among the poor of the city. His activities in recent years had been devoted to the health work of our community, and this work was done as our county health officer;

"Therefore, be it resolved that the Garland County-Hot Springs Medical Society in session assembled extend our sympathy to Mrs. Merritt and the members of her family in her great loss, and tell her that we honor his memory and are thankful for the good deeds which he did for the community in general thus reflecting honor on our society;

"Be it further resolved that a copy of this resolution be sent to Mrs. Merritt, a copy to the press, and that a copy be spread on the minutes of the society.

"James H. Chestnutt."

RESOLUTION

"Whereas, the grim Reaper has suddenly snatched from our midst Maurice F. Lautman, our colleague and fellow member of the Garland County-Hot Springs Medical Society; and,

"Whereas, Dr. Lautman was endeared to us because of his scientific skill, and devotion to the high principles of our profession. Not only did he possess these attributes, but he applied them by writing many scientific articles which reflected credit on our profession;

"Therefore be it resolved by the Garland County Medical Society in session assembled, that we extend our sincere sympathy to Mrs. Lautman in her bereavement and assure her that we shall miss him in our deliberations; and,

"Be it further resolved that we send a copy of this resolution to Mrs. Lautman, a copy to the press, and that a copy be spread on the minutes of the society.

"James H. Chestnutt.
"Leon E. King."

PROCEEDINGS OF SOCIETIES

The 33rd annual meeting of the Tri-State Medical Society, Texarkana, October 26-27th, was addressed by H. E. Murry, Texarkana, President; R. R. Robins, Texarkana, Secretary; A. S. Buchanan, Prescott; A. D. Cathey, El Dorado; T. E. Fuller, Texarkana; H. Fay H. Jones, Little Rock; H. King Wade, Hot Springs National Park; L. J. Kosminsky, Texarkana, and C. A. Smith, Texarkana.

The Lawrence County Medical Society was addressed October 13th at Imboden by Drs. A. G. Henderson and J. C. Poindexter, Imboden, who presented case reports; W. L. Wilhelm, Memphis, "The Acute Gallbladder," and E. M. Holder, Memphis, "The Acute Abdomen."

Prairie County Medical Society has elected the following officers: President, W. H. Crockett, Biscoe; President-elect, Edward Adams, Hazen; Vice-president, W. J. B. Williams, Des Arc, and Secretary-Treasurer, J. C. Gilliam, Des Arc.

The Ouachita County Medical Society met in regular monthly session at the Camden Hospital on November 3rd. After a delightful dinner served by the nurses of the hospital the following program was rendered: "Human Sterility" (a motion picture), "Common Lesions of the Cervix," Dr. Paul Winder, Shreveport, and "Infections of the Urinary Tract," Dr. John Hendrick, Jr., Shreveport.

R. B. Robins, Secretary.

The Pulaski County Medical Society was addressed November 7th by Drs. Paul Autry, John G. Watkins and J. K. Donaldson on "Respiratory Infections."

E. H. White, Secretary.

The Sebastian County Medical Society was addressed November 8th by Mims Gage, New Orleans, on "Pre- and Post-operative Treatment."

L. M. Henry, Secretary.

The Benton County Medical Society met in dinner session at Rogers November 10th for the following program: "Symposium on Infections of the Head," by Drs. H. J. G. Koobs, A. W. Marshall and M. H. Oakley.

Geo. M. Love, Secretary.

The Franklin County Medical Society met October 31st for a consideration of the medical plan of the Farm Security Administration. The Society rejected the plan.

Thos. Douglass, Secretary.

The Lawrence County Medical Society met at Imboden, October 11th, with Dr. Walter L. Wilhelm and Dr. E. M. Holder, of Memphis, addressing the Society.

The Lawrence County Medical Society met at Hoxie, November 8th, with Dr. H. H. McAdams, of Jonesboro, and Dr. M. A. Baltz, of Pocahontas, addressing the Society.

Dr. Chas. D. Tibbels, Secretary.

The annual President's Dinner of the Pulaski County Medical Society, honoring S. J. Wolfermann, was held at the Concordia Club, Little Rock, November 19th, with Porter P. Vinson, Richmond, as guest speaker, presenting "Aids in the Early Diagnosis of Primary Bronchial Malignancy." The following past-presidents of the Arkansas Medical Society were present: O. J. T. Johnston, Batesville; M. E. McCaskill, Little Rock; D. A. Rhinehart, Little Rock; H. Moulton, Fort Smith, and Frank Vinsonhaler, Little Rock.

The Mississippi County Medical Society was addressed November 1st by M. B. Hendrix, Memphis, "Acute Intestinal Obstructions," and E. G. Campbell, Memphis, "Pneumonia."

F. D. Smith, Secretary

PERSONALS AND NEWS ITEMS

C. B. Callen, Fayetteville, recently took postgraduate work at Tulane University.

In attendance at the Southwestern Branch of the American Urological Society at Dallas in October were: T. Duel Brown, Little Rock; H. King Wade, Hot Springs National Park, and G. W. Reagan, Little Rock.

E. C. Gay has been elected a director of the Little Rock Kiwanis club.

H. Fay H. Jones, Little Rock, has been elected Arkansas governor for the American College of Surgeons.

John F. Rowland, Hot Springs National Park, sustained a fracture of the left shoulder in an automobile accident in October.

The Third Councilor District Medical Society has elected the following officers: President, M. C. John, Stuttgart; Vice-president, L. E. Biles, Augusta, and Secretary-treasurer, S. A. Drennen, Stuttgart. The Society will next meet in Forrest City in April, 1939.

Robert Hood, Russellville, district governor of Lions Clubs, addressed the Fort Smith club October 25th.

B. James Reaves, Little Rock, attended the meeting of the Central Association of Obstetricians and Gynecologists in Minneapolis during October. Dr. Reaves was elected to membership in the Association.

"Abdominal Adhesions and the Use of Papain," by J. K. Donaldson, originally published in Archives of Surgery, January, 1938, was abstracted in The Journal of the American Medical Association recently.

Wilfred R. Parsons is now located at 718 Donaghey Building, Little Rock, his practice limited to diseases of infants and children.

S. W. Douglas has been elected president of the Eudora Chamber of Commerce.

J. C. Gilliam Des Arc, was honored at a birthday party November 6th.

President-elect A. S. Buchanan has recovered from injuries received in an automobile accident.

A. A. Blair addressed the students of St. Scholastica's Academy at Fort Smith November 10th on "Tuberculosis."

The Frisco System Medical Association was addressed at Springfield, Missouri, November 15th by R. C. Shanlever, Jonesboro, "The Management of Puerperal Infection," and T. P. Foltz, Fort Smith, "Bronchiectasis in Industry."

The following appeared on the scientific sessions of the Southern Medical Association at Oklahoma City: O. C. Melson, Little Rock, "Some Medical Aspects of Chronic Gallbladder Disease"; Jack Agar and Alan Cazort, Little Rock, "Pathological Nasal Conditions Affecting Clinical Allergy"; W. Vernon Newman, "Orthopedic Care of Convalescent Poliomyelitis: Report of Sixty Cases in One Year Following Acute Onset"; H. Fay H. Jones, Little Rock, "Management of Ureteral Calculi"; Paul L. Mahoney, Little Rock, "Deep Abscess of the Neck"; M. E. McCaskill, Little Rock, "The Maternal and Child Health Program in Arkansas," and W. B. Grayson, Little Rock, "The Control of Undulant Fever." Discussants were: H. E. Murry, Texarkana, J. S. Levy, Little Rock, D. A. Rhinehart, Little Rock, H. King Wade, Hot Springs National Park, Hoyt R. Allen, Little Rock, and K. W. Cosgrove, Little Rock.

F. Walter Carruthers, Little Rock, was a participant in the fracture demonstrations conducted as a part of the scientific exhibit at the recent Southern Medical Association meeting.

Raymond T. Smith has been elected vice-president of the Fort Smith Kiwanis Club.

Joe F. Shuffield, Little Rock, has been elected first vice-president of the Arkansas State Fox Hunter's Association.

James B. Tucker, formerly of Rutheford, Tennessee, has been appointed medical director of the Benton county health unit with headquarters at Bentonville.

"Wilms' Tumors" by Grady W. Reagan, Little Rock, and "Diagnostic Bronchoscopy" by John S. Agar, Little Rock, appear in the November issue of the Southern Medical Journal.

Lyle L. Hassell, formerly with the C. C. C., has assumed duties as physician at the Benton unit of the State Hospital.

N. E. Murphy and W. L. Boswell have been elected stewards of the Clarendon Methodist Church.

S. S. Beaty has been elected steward of the England Methodist Church.

Wm. Hibbitts, Texarkana, was elected second vice-president of the Southern Medical Association at the Oklahoma City session.

E. F. Ellis, Fayetteville, was recently elected president of the Frisco System Medical Association.

The class of 1929, University of Arkansas School of Medicine, will hold its ten-year reunion during the annual session of the Society at Hot Springs National Park, May 8-10, 1939. Those interested are asked to write Dr. Fount Richardson, Fayetteville.

D. W. Goldstein, Fort Smith; R. Q. Patterson, Little Rock, and E. I. Thompson, Little Rock, attended the sessions of the American Academy of Dermatology and Syphilology at Saint Louis during November.

Drs. I. R. Johnson and T. K. Mahan have moved into their new clinic building at Blytheville.

O. J. T. Johnston has been elected president of the Batesville Country Club.

Louis Dunaway recently addressed the Conway Shakespeare Club on his collection of glassware.

E. R. Barrett, Jonesboro, recently took postgraduate work at Tulane University.

K. K. Kimberlin has been elected a steward of the Tuckerman Methodist Church.

Jerome S. Levy, Little Rock, has been elected vice-chairman of the Section on Gastroenterology of the Southern Medical Association.

John W. Redman has been appointed medical director of the Polk county health unit with headquarters at Mena.

Registered at the November meeting of the Southern Medical Association were the following:

S. J. Allbright, Searcy; Gean S. Atkinson, Manila; C. A. Bates, Lake City; Jeff Banks, Little Rock; C. E. Benefield, Fort Smith; J. H. Benefield, Fort Smith; B. A. Bennett, Little Rock; A. A. Blair, Fort Smith; W. L. Brittain, Conway; C. M. Brooks, Little Rock; W. R. Brooksher, Fort Smith; G. O. Campbell, Truman; F. W. Carruthers, Little Rock; B. F. Casada, Hot Springs National Park; Alan G. Cazort, Little Rock; C. T. Chamberlain, Fort Smith; C. A. Churchill, Batesville; J. N. Compton, Little Rock; K. W. Cosgrove, Little Rock; J. B. Crawford, Little Rock; Albert DeGroat, Little Rock; C. H. Dickerson. Conway; T. P. Foltz, Fort Smith; M. E. Foster, Fort Smith; W. N. Freemyer, Little Rock; D. W. Fulmer, Hot Springs National Park; W. B. Grayson, Little Rock; C. C. Hanchey, DeQueen; F. W. Harris, Little Rock; C. M. Harwell, Osceola; E. J. Haster, Dardanelle; W. W. Hatcher, Imboden; P. L. Hathcock, Fayetteville; M. C. Hawkins, Jr., Searcy; C. R. Henry, Little Rock; H. H. Holt, Nashville; Robert Hood, Russellville; H. W. Hundling, Little Rock; Earle H. Hunt, Clarksville; R. H. Johnston, Clarksville; H. Fay H. Jones, Little Rock; J. K. Jones, Lepanto; M. F. Kelly, Sheridan; R. R. Kirkpatrick, Texarkana; C. E. Kitchens, DeQueen; A. C. Kolb, Hope; F. H. Krock, Fort Smith; Edward Kultgen, Elaine; V. O. Lesh, Fayetteville; J. S. Levy, Little Rock; J. R. Loftis, Pocahontas; C. S. Means, Fort Smith; Madeline M. Melson, Little Rock; O. C. Melson, Little Rock; B. C. Middleton, Texarkana; H. E. Mobley, Morrilton; W. H. Mock, Prairie Grove; W. T. Moore, Everton; Pat Murphey, Little Rock; H. H. McAdams, Jonesboro; M. E. McCaskill, Little Rock; Jim McKenzie, Hope; W. V. Newman, Little Rock; M. L. Norwood, Lockesburg; Val Parmley, Little Rock; Fount Richardson, Fayetteville; R. R. Robins, Texarkana; W. F. Robins, Ozan; B. L. Robinson, Little Rock; T. T. Ross, Little Rock; M. V. Russell, El Dorado; J. H. Sanderlin, Little Rock; H. W. Savery, Van Buren; W. P. Scarlett, Morrilton; W. J. Schwarz, Lake Village; G. R. Siegel, Clarksville; F. D. Smith, Blytheville; H. H. Smith, Fort Smith; W. Myers Smith, Little Rock; J. S. Southard, Fort Smith; J. E. Stevenson, Fort Smith; J. A. Summers, Little Rock; E. B. Swindler, Stuttgart; H. King Wade, Hot Springs National Park; J. M. Walls, Blytheville; E. L. Watson, Newport; Ralph E. Weddington, Fort Smith; R. H. Willett, Jonesboro; J. G. Wilson, Gillett; S. J. Wolfermann, Fort Smith; W. T. Wootton, Hot Springs National Park; G. G. Woods, Huntington; F. Q. Wyatt, Batesville.

"MEDICALLY INDIGENT"

The following definition of a "medically indigent" was discussed though not officially adopted by the House of Delegates of the American Medical Association at its special session in Chicago, September 16th and 17, 1938.

"A person is medically indigent when he is unable in the place where he resides, through his own resources, to provide himself and his dependents with proper medical, dental, nursing, hospital and pharmaceutical care and therapeutic appliances without depriving himself or his dependents of necessary food, clothing, shelter, and similar necessities of life as determined by the local authority charged with the duty of dispensing relief for the medical indigent."

OBITUARY

ORVIS E. BIGGS, aged 62, died at his home in Hot Springs National Park, October 17th, of a heart attack. Born in West Liberty, West Virginia, May 30, 1876, he received his preliminary education in that state and graduated from Barnes Medical College, Saint Louis, in 1908 and had practiced in Hot Springs National Park for the past 34 years. He was a charter member of the Rotary Club of that city, a member of the Masonic lodge and the Presbyterian church, and in addition to his membership in the Garland County Medical Society, the Hot Springs Academy of Medicine, and the Arkansas Medical Society, was a fellow of the American Medical Association. Surviving him are his wife and a daughter.

JOSEPH LOWREY BAIRD, aged 55, died at his home in Marked Tree October 31st of an illness of several months duration. Born in Brighton in 1883 he graduated from the College of Physicians and Surgeons, Memphis, in 1910. Formerly in practice at Tyronza, he had continuously practiced at Marked Tree for the past 22 years. He was the immediate past-president of the Rotary Club of his city, a member of the Methodist Church, served during the World War in the army medical corps and in addition to his membership in the Craighead-Poinsett County Medical Society and the Arkansas Medical Society, was a fellow of the American Medical Association. He is survived by his wife, a daughter and three sisters.

ANDREW J. HAMILTON, aged 74 years, died at his home in Rison October 31st after an illness of less than one week. He was born near Sheridan, February 19, 1864, and was married to Miss Mary Ann Blackmon on December 7th, 1888. Following her death in 1923, he later married Mrs. Emma B. Roark who survives him. Graduating from the University of Arkansas School of Medicine in 1893, he practiced in Cleveland County at Calmer, New Edinburg and Rison, having been located at Rison since 1913. For a number of years he had served as county and town health officer. In addition to his membership in the Cleveland County Medical Society and the Arkansas Medical Society, he was a member of the Rison Baptist Church and of Cul-

pepper Masonic lodge. In addition to his wife, two sons and three daughters survive.

HOMER SCOTT, aged 57 years, died at his home in Little Rock November 1st after a prolonged illness. Born July 16, 1881, in Little Rock, he attended the public schools of that city, Exeter Academy, and graduated from Princeton in 1903. He graduated from the University of Arkansas School of Medicine in 1913 and first practiced at Bauxite for the American Bauxite Company. He had practiced in Little Rock for 23 years. In addition to service as a major with the army medical corps during the World War, he served with the military forces on the Mexican border in 1916. At the time of his death he held the rank of lieutenant-colonel in the medical reserve corps. He was assistant professor of obstetrics on the faculty of the University of Arkansas School of Medicine and a member of the Little Rock School Board, of the Pulaski County and Arkansas Medical Societies and of the American Medical Association, and of the Trinity Cathedral. Surviving relatives are his wife, mother, a daughter and a sister.

EUGENE A. HAWLEY, aged 62, died at his home in Texarkana, November 4th, of complications resulting from an automobile accident on September 13th. Born in Wiota, Wisconsin, in 1876, he attended St. Patrick's Academy and La-Salle Institute in Chicago, graduating in 1896 from the University of Chicago School of Medicine. He first practiced in Chicago, later took special work in eye, ear, nose and throat and located in Texarkana in 1907. Surviving relatives are his wife, a son and a sister.

EDWARD EVERETT SHELL, age 67 years, died in a Memphis hospital November 18th of injuries sustained in an automobile accident. Dr. Shell was struck by a bus carrying football players as he crossed a street intersection in Memphis where he had gone to visit the Campbell Clinic. Born in Prescott, he graduated from the University of Tennessee College of Medicine in 1894. In addition to his membership in the Nevada County Medical Society and the Arkansas Medical Society, he was a member of the Methodist Church. He is survived by his wife, two daughters and a son.

RANDOM THOUGHTS OF THE SECRETARY

October 11th. This day the faithful gather for another of the Fort Smith Clinical Society's days, the program a tribute to the efforts of Goldstein, and if the gathering be small, its enthusiasm and quality amply compensated. In the evening we discuss with the interested members of Sebastian County Medical Society the obligations which now rest upon each and every physician, realizing too well that Amis' valedictory to the survey will be longer remembered.

October 14th. With the youngster to his first football game this night, our interpretation of the rules fortunately not subjected to critical analysis, but our comments as to less erudite phases of the sport receive persistent interrogation and as the fourth quarter closes, we wonder if we have impressed our son as possessing in full measure the qualities which make up an understanding parent.

October 17th. Prior to the showing of the motion picture, "Sterility," at the hospital this evening, a student nurse was idly playing at the piano keys. On being asked the title of the number, she replied, "Wedding March," to which Amis makes the obvious comment as to the suitability of this as a theme song.

October 22nd. A visiting young lady, properly coached, informs us that she is glad to find us in town on this one visit, a remark made on many an occasion by Grayson.

October 24th. To Muskogee for a program for which we assume full credit and a meeting with the Oklahoma boys wherein Foltz' paper is introduced by the chairman as "Bronchiectasis in Infancy," perhaps aptly, if the study given by the essayist is alone considered. Blair, with unaccustomed alacrity, makes repartee to the surgeon's inquiry as to the management of diabetes requiring surgery, and we receive our usual harassment over the presence of two radio medical spellbinders within the state of Arkansas. Almost overlooked in the general postprandial conversation, Chamberlain takes the floor for an oratorical outburst, to become confused when a sleeper arouses and calls for "Chamberlain." Yet no more confused than our quartet in reaching Coachman's house later.

October 25th. Speaking to a goodly number at the Washington County Auxiliary's public meeting where Mistress Lewis lets fancy play in her introduction, and where Mrs. Richardson and Mrs. Miller apologize for the crowd, our largest yet for a public address, naturally a source of inner pleasure remembering the local turnout for a similar speech a year ago. The youngster, present the first time for such an occasion, almost wrecks the flow of words by starting to ask a question.

October 28th. Ouachita, our Alma Mater, plays here, subjecting us to more than a fair share of razzing and never have we seen a more dejected coach than Bill Walton afterwards although we have played on teams which brought no joy to a forlorn mentor.

November 5th. Adhering to a fine old custom we gather for homecoming, a gala event this year in Arkansas' new stadium. Yet, we feel that a buzzer is certainly no signal to designate the end of the quarter and humbly suggest that Arkansas arrange to play all future games with three quarters of fifteen minutes and a fourth but fourteen minutes long. With Alvin Bell we can be sympathetic, having years ago played against a Razorback

team, winding up with the long end of a 19-6 score, and as a result thereof, together with certain misguided wisecracks, having felt the urge and seized the welcome opportunity to flee to the safety of a field house, all the while missiles were flying with abandon about our head and on the roof.

November 7th. To the great jubilation of our confreres we deliver ourselves of a diagnosis this noon prefixed "that tuberculosis disease" and merriment runs riot.

November 8th. Mims Gage comes to town and in addition to delivering a remarkably valuable talk, leaves two priceless Cajun stories, the one about the unfamiliar union suit and the hapless youth will be heard ever and anon in these parts.

November 9th. After his suggestion that a speaker be asked to talk on "diseases of children" to the genteely elder women's organization at Sparks Memorial Hospital was casually received, Charlie Holt recovers himself only enough to suggest us, and we talk to an appreciative audience on deep therapy, realizing that the laity does wish to be informed on medical subjects and desires only that these be presented. Thus we overlook the force of many friends about us whose strength would be added to ours in oposing governmental medical plans were they but told what it means.

November 16th. With the loquacious Weddington we motor across Oklahoma circling Oklahoma City's Auditorium for some ten laps in search of a parking site and then inside for registration at the Southern. Meeting many a member there until it would appear to be an annual session of the Arkansas Medical Society, chatting at length with the great and near-great, but retaining in memory's files most vividly the casual luncheon with Lewllys F. Barker at the Biltmore, where Foltz, Mrs. F. and ourself discuss food and other less scientific subjects, while Wolfermann and Chamberlain are hospitable with the great internist, to whom, Sid insists, Chamberlain explains the theory and mode of the electrocardiograph, being unaware of the identity of our luncheon associate. In the afternoon to a section meeting, gathering, among many others, the excellent tale of the tenderfoot at a masculine western contest wherein an unusual handicap was imposed on a champion. In the late evening finding a table for Grayson, the country boy, at one of the swanky restaurants, discussing the merits of Venetian blinds with Earle Hunt and the Mrs. and away for Arkansas, which we finally reach at 12:45, completing a full day with pleasant recollections but tired feet.

November 19th. At Pulaski County's gracious gesture to the President, where there is much conviviality and an excellent address, to which C. C. Reed, Jr., and Bryce Cummins agree. Visiting the Jones' and, for once, Edna will have none of our low-rating of Fay Hempstead, a novelty in itself.

AUXILIARY NEWS

Members of the Sebastian County Medical Society Auxiliary met for luncheon November 14th at the home of Mrs. Ruth Moss Carroll, 400 North Greenwood Avenue. The meeting will be the last of the year, since the December meeting has been eliminated. Mrs. A. A. Blair, president, presided at the business session. Present for the meeting were Mrs. Blair and the hostesses, Mrs. M. E. Foster and Mrs. Fred Krock, and Mrs. Everett Moulton, Mrs. Ralph Weddington, Mrs. Walter Eberle, Mrs. W. R. Brooksher, Jr., Mrs. Charles T. Chamberlain, Mrs. J. S. Southard, Mrs. Eugene Stevenson, Mrs. Raymond T. Smith, Mrs. S. P. Stubbs, Mrs. D. W. Goldstein, Mrs. B. B. Bruce, Alma, and Mrs. G. G. Woods, Huntington. The next meeting will be held on the second Monday in January.

Mrs. W. F. Rose, Publicity Chairman.

The Women's Auxiliary to the Bowie and Miller Counties Medical Societies entertained with a delightful luncheon October 26th, at Hotel Grim, in compliment to Mrs. J. B. Crawford, of Little Rock, state president of the Arkansas Medical Auxiliary; Mrs. F. G. Ellis, of Shreveport, state president of the Louisiana Medical Auxiliary; and Mrs. F. F. Kirby, of Waco, state president of the Texas Medical Auxiliary.

The U-shaped luncheon table was beautifully decorated for the occasion with large silver bowls filled with pink and lavender asters and purple sage, and placed at intervals the length of the table. Between the large bowls were small vases filled with the same flowers, with an arrangement the entire length of the table of devil's ivy, and plumosa interspersed with pink and lavender asters.

After the invocation by Mrs. L. H. Lanier, Mrs. Roy Baskett, president of the local society, presided and introduced the visitors from Texas, Arkansas and Louisiana.

Mrs. Reavis Pickett, program leader, conducted a clever contest in which the prizes were won by Mrs. Ruel Robbins and Mrs. C. R. Gowan (Shreveport, La.).

Mrs. Will Quinn beautifully sang "My Heart at Thy Sweet Voice," from the opera Samson and Delilah (Saint-Seans), and "Dawn" by Henson. She was accompanied by Mrs. Lloyd White.

Mrs. F. G. Ellis gave greetings from the Louisiana Auxiliary and Mrs. J. B. Crawford gave an interesting talk on "Why We are Interested in Auxiliaries." Mrs. F. F. Kirby gave a brief talk on "How Doctors' Wives Can Help Promote Health Education."

Each of the honored guests was presented with lovely corsages fashioned of talisman roses, fern and tube roses.

Guests present, not including members of the local auxiliary, were: Mrs. R. Y. Lacy, of Pittsburgh, Texas; Mrs. Sam Kerlin, Mrs. E. L. Gill, Mrs. S. W. Boyce, Mrs. Charles R. Gowan, Mrs. Frederic G. Ellis, of Shreveport, La.; Mrs. Charles Adna Smith, Sr., Mrs. C. L. Lee, Mrs. W. K. Read, Mrs. Pearl Mosley, Mrs. M. B. Fuller, Mrs. Lloyd White, Mrs. Will Quinn, guests from Texarkana; Mrs. Rufus D. Moore, Jr., of Mt. Pleasant, Texas; Mrs. Carl Young, of Covington, La.; Mrs. E. C. Kitchens, of De-Queen, Arkansas; Mrs. F. F. Kirby, of Waco; Mrs. J. B. Crawford, of Little Rock; and Mrs. H. G. F. Edwards, of Shreveport, La.

A delightful informal coffee, October 27, 1938, given by Mrs. H. E. Murry, wife of the president of the Tri-

State Medical Society, concluded the social features honoring the women visitors who accompanied their husbands to the convention. The hospitality took place at Mrs. Murry's home, 1700 Beach Street. The house was lovely with roses in the living room, daisies in the music room, and yellow chrysanthemums in the dining room.

Mrs. R. H. T. Mann and Mrs. S. A. Collom poured coffee at the charmingly decorated table. Mrs. Murry also was assisted by Mrs. Roy Baskett, president of the Women's Auxiliary of Miller and Bowie Counties Medical Societies; Mrs. H. E. Longino, Mrs. L. J. Kosminsky, Mrs. J. T. Robison, Mrs. Decker Smith, Mrs. William Hibbitts and Mrs. Robbins Chace. The 50 or more guests included the visiting doctors wives and members of the Texarkana auxiliary.

The Woman's Auxiliary to the Pulaski County Medical Society was entertained October 19th at the home of Mrs. A. W. Strauss in Edgehill. A buffet luncheon was served to forty members at tables arranged in the living room and sun parlor. An attractive fruit centerpiece graced the dining table and pink radiance rosebuds adorned the smaller tables. Mrs. Strauss was assisted by Mrs. C. E. Oates, Mrs. K. W. Cosgrove, Mrs., R. C. Kory, Mrs. J. C. Cunningham and Mrs. W. C. Langston.

Following luncheon Mrs. W. A. Snodgrass presided at the business meeting, at which year books for 1938-39 outlining committees and programs for the coming year were distributed and plans announced regarding the specialized work which will be carried on at the Arkansas Children's Home and Hospital. Miss Gussie Haynie was presented by the Program Chairman, Mrs. Val Parmley, and explained the three types of children which are being cared for at the Arkansas Children's Home and Hospital, and outlined the joint state and federal program which is being carried on in Arkansas in behalf of crippled children.

Mrs. Estes Allen, Publicity Secretary.

Covers were laid for about 45 guests last evening at the country club when the Independence County Medical Society and Auxiliary were hosts to the Second District Medical Society at its semi-annual meeting. The club rooms were decorated with a profusion of autumn flowers and bouquets of cut flowers adorned the dining table.

Corsages marked the places of Mrs. J. B. Crawford of Little Rock, state president of the auxiliary; Mrs. S. J. Wolfermann of Fort Smith, state treasurer and wife of Dr. Wolfermann, state president; Mrs. Alan Cazort of Little Rock, wife of one of the guest speakers, and Mrs. C. G. Hinkle, wife of the state second vice-president. Candy for auxiliary members was furnished through the courtesy of the City Drug Company and cigarettes for the men by the Crosby Drug Company.

Dr. O. J. T. Johnston, secretary of the district organization, presided as toastmaster, and talks were made by Mrs. G. T. Laman, County Auxiliary president; Dr. K. K Kimberlin, Dr. L. O. Bone of Neward, president of the Independence county society; Mrs. Bone, and Dr. L. T. Evans, a member of the state board.

Following the dinner the auxiliary members held a separate meeting while the doctors adjourned to the lounge for their meeting. Mrs. Laman presided and Mrs. O. J. T. Johnston was in charge of the program. Following a brief business session, Mrs. Bone presented a most interesting article entitled, "The Doctor's Wife," and Mrs. M. S. Craig gave a talk on "What Every Auxiliary Member Should Know."

Mrs. L. T. Evans read a delightful original poem entitled "To the Doctor's Bride" and rededicated for the occasion to Mrs. J. J. Monfort and Mrs. J. B. Askew.

The address of the evening was presented by the state president, Mrs. Crawford. Mrs. Wolfermann, Mrs. Hinkle, and Mrs. Cazort also addressed the group in brief talks.

Mrs. N. B. Daniel, State Publicity Secretary.

BOOK REVIEWS

Dr. Colwell's Daily Log For Physicians. Price $6.00. Champaign, Illinois: Caldwell Publishing Company.

Increasing use of this record system by physicians in Arkansas testifies to its general worth. It is the most satisfactory system for the practicing physician of which we have knowledge. We recommend a trial for one year knowing that it will prove it's value.

You Can Sleep Well. By Edmund Jacobson, M. D. Pp. 269. Price $2.00. New York: Whittlesey House, 1938.

Primarily written for lay reading, this volume will be of interest to physicians, necessarily concerned with both the pathological and the normal aspects of sleep. The author suggests ways and means to induce restful sleep without resort to the many drugs now offered indiscriminately for that purpose.

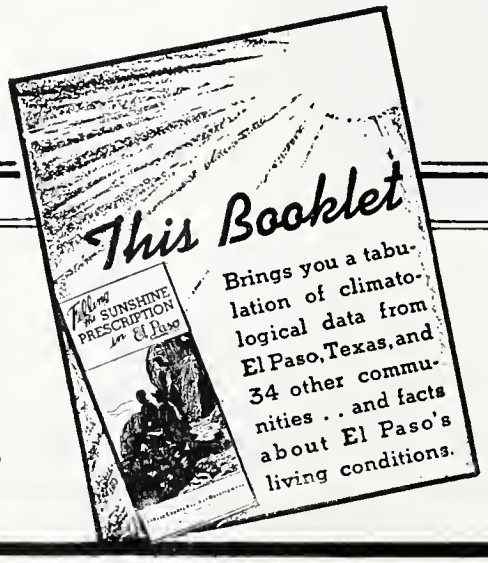
This Map and These Figures Tell the Story

Climatological Data

EL PASO, TEXAS

From U. S. Weather Bureau Records

Mean Annual Average Temperature	63.7°
Average Annual Precipitation . .	8.91 in.
Mean Annual Relative Humidity .	41%
Average Annual Number Days Cloudy	34
Average Number Days Clear and Partly Cloudy	331
Percentage of Possible Sunshine .	80%
Altitude Above Sea Level . . .	3710 ft.



The white spot on the map means *Sunshine* . . . the *only spot* in the United States where the sun shines 80% or more of the total possible hours. Naturally, so much sunshine means also certain other climatic factors. Mild winters, dry air, little rainfall, low relative humidity. These are facts which you should know; may we suggest that you study the brief facts at the left, then ask for a copy of *Filling the Sunshine Prescription,* a booklet which gives you authentic information of the same character for 34 other U. S. communities. You'll find the booklet informative and useful. It is, of course, yours for the asking.

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EXPLOITATION OF THE MEDICAL PROFESSION*

J. S. JENKINS, M. D.
Pine Bluff

Is the medical profession by an insidious propaganda, emanating from politicians and various groups, being exploited into beggary and serfdom for votes, power, financial returns, toward the further expansion of these groups so that ultimately all medical activities can be dominated, controlled and directed by them as a component part of political patronage?

I offer no apology for this question; just a few introductory remarks. This month it will be forty years since I graduated in what was then an honored, respected, intelligent, ethical and independent profession, not a trade, respecting themselves, and thereby demanding respect of all others. I came to my adopted state, Arkansas, with all the lofty ideals of a young doctor, proud of a diploma which entitled me to membership in the Arkansas Medical Society; proud to review the pages of achievement of the profession of which I was now a member.

During that forty years, I think I can state that fully 50% of all work done has been charity, and for people actually poorer than I, and for the first few years they had to be poor. So these remarks are not punerious or personal, but written with some of that original pride, respect, reverence of the profession I am still a little proud to be a small part of, so glowingly described by Haggard in his address, "Surgery, the Queen of the Arts", and because of this, I am not willing to sit silent and see that profession, with its long line of heroes, workers, illustrious men of rich inheritance, who in the last unpleasantness volunteered thirty-odd thousand, not drafted, volunteered, to be by these groups and their volumnious propaganda drafted into serfdom to practice their profession as required, and remuneration to be what a paid administrative department with stipulated salaries and expense accounts choose to drop into the serf's cup what the budget and paid budget directors stipulate can be allowed for such service. Nor am I willing for the profession of which I am a member to gather the crumbs from the banquet table around which they should be the honored guests. Nor am I willing for a profession, who by their preparedness through years of research, diligent study to dictate, should be dictated to and supervised by groups whose knowledge of such matters is, of necessity, superficial and largely propagandistic as is always the fact among reform fadists, who seem to take hold of every subject of truth; howl about the etiology; fuss and fret impotently about the symptoms; at all times covering the real truth under a cloak of propagandistic emotion in place of finding the great fundamental secret of mental sagacity, the coordination and systematic subordination of passion and emotion in intelligent reasoning, so that a healthy, self-governing mind can preside, regulate, coordinate all utterances and activities. Dethrone it and reason is dethroned. We, as physicians, know with reason dethroned, and man or nation possessed or carried away by unbridled, emotional behavior, religious, patriotic, good samaritan, or otherwise, treads on dangerous soil, inviting disastrous catastrophies.

All history warns against rash experiments, emotional behavior, failure to stop and think amid the noisy confusion of the evangalistic lecture platforms, the lobbyists, sensational press and government literature. Analyze each step of so-called progress and promised millenniums, try to obtain a view of ultimate results without which there can be no intelligent, healthy or virtuous citizenship.

Since the beginning of the world, when people fear political bondage, whether the threat be real or imaginary, Enterprise falters, fails, the individuals net income dries up, every scale of living, except those in public service, shrinks, wealth-producing enterprise decreases, confidence fades, sanity is replaced by emotional fear. The hardened granite rocks are not more sound than these facts and Nature's laws which

*Read before the Sixty-third Annual Session of the Arkansas Medical Society, Texarkana, April 18, 1938.

have and will survive all change. Yet the emotional fadists, as Wiggan so adequately expresses it, seem to have a passion for doing good. The milk of human kindness is actually oozing from their pores; at a moment's notice ready to vote any amount of other people's money and service to relieve the homeless, the fatherless, and the distressed. Being the poor man's friend brings votes from several angles. It makes a good impression on the poor man and nice salaries to political constituents to administer the program. They fail to realize that this emotional milk of kindness should look beyond the next election to the next generation.

If there were sufficient money to pay skilled people to care for less efficient, to care for the still less efficient to care for those in still a lower plane, the scheme should be ideal, but unfortunately the only way it can or will work is to actually breed a weaker race of people at each generation.

The thought that moral goodness can grow out of legal goodness and a highly trained police force, and that myriads of legislative nurse maids can guide mankind to a millennium is absurd when all sane and thinking mankind know that the rainbow's end is never found in federal or state capitols, but in themselves. The medical profession who are cognizant of this by nature of their calling on the outside, gathering the crumbs from the bountiful table of those practicing charity for their own financial advantage and power; using the profession as puppets to do their bidding and to aid them in their propaganda of a fadist millennium, thereby lowering the standard, respect and intelligent thought the profession have for centuries taken the utmost pride in preserving. In their holy zeal they ask us to violate professional obligations and to advertise in their literature.

We have in our city a most worthy and creditable group known as the Junior League. You probably have a like group. The medical profession take care of all their underprivileged free. They solicit clothing, hospital expenses, groceries, Christmas donations for them. Has any doctor ever heard of any organization soliciting funds to replace or care for a doctor's instruments damaged by repeated use in the care of these indigents? Yet last year this group gave a benefit play and immediately the child of one of a doctor's patrons solicited him to purchase tickets and take advertising space on the program, actually taxing the profession an extra donation for the privilege of caring for any indigent they could get into his office and to advertise. Many did so for the patronage.

Two years ago the Parent Teachers Association requested the doctors to conduct pre-school examination. Many were vaccinated who were amply able to pay. When I started to vaccinate my first one, he was asked, "Sonny, did you bring 15c to pay for the vaccine point?" I doubt if there is a doctor in this Society who would not gladly pay for a vaccine point and give it free to any indigent child. Paying an occupation tax in the city to collect every 15c they put out is just a little too much.

Now there has come into the state and federal government a vast and volumnious social welfare department with headquarters in the Department of Labor in Washington, not a department of medicine, but a department of labor. All the executives in the federal government, state and county, have stipulated salaries, paid office rent, stationery, furnishings, and their workers, coordinators, statisticians, stenographers, case workers, draw salaries and expense accounts which are stipulated. In this state the amount is estimated at between 450 and 640 thousand dollars.

In the first set-up, the medical profession was supposed to donate their services except the director of the service who was to receive a salary. Now they have decided at the advice of paid regional directors from the Department of Labor that the medical profession will be allowed some kind of honorarium or donation, so that after a doctor has worked hard for a month in hospitals, clinics, etc., a beneficient state or government will have one of their salaried officials drop into our tin cup a small donation just as they would donate to any other beggar the stray dime that might be found in the change in the pocket of the general budget in which we were not included.

Has it come to pass that the medical profession of which I was at one time so proud of, must pay taxes and donate their services toward the support of an octopus that is slowly but surely making beggars of them and pauperizing the profession so that they accept and cater to the alms and crumbs from the tables these groups eat from? Do we have to donate in the shape of taxes, intelligence and work to supply a bountiful table and in return accept with thanks the scraps left on the plates?

I have on my desk an article entitled, "Big Dividends Paid to the County by the Health Department." Portions of it are most commend-

able, but among their activities for the year, 10,890 school children were examined. This, according to the board of health standards represents a value of $10,890.00, or $1.00 per examination which seems to be the value of a complete written examination by competent physicians, to say nothing of the service resulting from the children examined having defects corrected which shows a value of $44,619.00. It seems as though when the Board of Health depletes the profession of $40,619.00 for its service, it is something for boasting with the work donated by the local doctors not worthy of even honorary mention in the report, and the Junior League, who raised the money to pay hospital bills, not considered. But this makes most excellent propaganda to expand the Board of Health's activities and increase the number of paid administrators.

1. The financial help provided by Social Security has given impetus to the Board of Health movement.

2. Considerable increase in the number of public health nurses employed by federal, state or county.

3. Strengthen the administrative agencies.

4. The Board of Health is seeking to enable the nurse to increase her knowledge and widen her field and break down all lines between medical, health and welfare groups.

5. Extension of the Board of Health integral with private practice. This can be brought about by an evolutionary process.

6. Time has passed when we can longer separate the preventive service from the curative.

7. One public health nurse to each 2,000 of population or 65,000 in place of the 18,000 now available. We have a dual problem; the training of such personnel organization and procuring ample funds.

8. To be effective and distribute and utilize health and medical service demands a national plan.

9. The new health and medical program must be more than an expansion of the old.

10. Greatest opportunity of producing results with minimum of expense lies in the expansion of public health, state and local. This can be accomplished through the education of the public as to their needs by the recently employed publicity staff, and developing a technique to meet these needs.

11. Under the present regime, organized medicine is entangled with conservative thought so detrimental to progress.

12. Legal steps to bring medical service integral with public health and all medical activities would be easy if organized medicine were less conservative. But when this is broken down and they finally see the wisdom, needed legislation will result.

From the economic groups, one-half to two-thirds of deaths occurring in maternal care could be prevented. They fail to state just how this can be accomplished, so we suppose under the supervision of trained social workers. "Knowledge of how life and health can be preserved is at hand. The problem lies in finding ways and means in giving good care to all. Adequate care of children with rheumatism will restore 60% to normal lives. Fifty-five percent death rate from lobar pneumonia can be reduced one-half by the skillful use of serum. The reason people in the lower bracket class do not receive skillful care is that they are unable to pay for it (this is the first time I knew that a doctor's skill was proportional to the pay he received).

"The eventual expansion of hospital insurance to include all medical service with minimum remuneration to physicians is a future development. To be of real value, periodic health examination for all subscribers must be included (have always thought there was a negro in the woodpile in this hospital insurance).

"At present, organized medicine is opposed to this, but ultimately through the education of the people it will be adopted." So long as the medical profession insist that they shall dictate as to medical service, apart from the desires of the citizens, the attained objective is certain of postponement (more work for the publicity staff).

"At present, doctors cannot be compelled to settle and practice in localities which they think undesirable. Why not subsidize the education of capable young men who will have to give a certain number of years to this missionary work with a guarantee of minimum wage. Each one of these would have at least one trained social worker to select and classify his cases. An ideal fee bill for those eligible to such service; office calls 50c; house calls $1.00; consultation $2.50; obstetrical cases including two months pre-natal care $15.00; acute mastoid $30.00; abdominal $40.00; which would include $5.00 anaesthesia and $5.00 assistant fee. Or, a more adequate plan would be to include all the local profession; each doctor furnished a list of all the needy; Classified bills made out at a regular schedule of fees. The County Board each month could allot a specified amount for this service and if

the alloted amount was not sufficient to cover all bills, the bills could be reduced by them to come within that amount." I am sure, gentlemen, that every doctor here would like very much indeed to pay his personal bills and taxes in like manner.

Every lay magazine lately is full of the appalling mortality in maternity cases and something must be done about it. Lectures on natal care, pre-natal care, birth control, etc., are all part of the propaganda. There must be something radically wrong with hospitals and the medical profession (and they should have the supervision of trained social workers), yet they say nothing about unfit marriages, emotional instability, nerve-exhausted youth, inheritance and abandonment of al self-control; and the medical profession knows that so long as we furnish special hospitals to bring babies into the world from parents too incompetent to earn money to pay for the birth of their child let alone its subsequent rearing, or when a feeble minded woman goes to the hospital for the fourth or fifth illegitimate child or one begotten by a paroled, feeble minded or criminal father, that Nature's undeniable law will be asserted, "like begets like. Every living thing shall reproduce according to its kind."

This transfered a few generations must equal a race of weaklings and a multiplicity of social workers, nurse maids to care for the havoc the emotional blunder brings about. Yet through the lobbying propaganda, the demand is being made that the medical profession prostitutes all knowledge of nature's phenomena and nature's laws to coordinate and aid, and lamentable as it is, many are doing so to gain prestige and patronage among these groups.

Every doctor knows that violent muscular effort produces pain; that no baby can be born without muscular effort, therefore, some pain. No doctor is a brute and likes at all times to relieve pain but not at the expense of life, imbecile, and cripples.

I submit for your consideration some of this propaganda:

"Painless childbirth for all mothers. Modern science has several methods of relieving the agony most women suffer, yet only a few benefit by this knowledge. How wonderful if every mother could be placed in that lovely, relaxed, semi-conscious state and waken, not exhausted but fresh, bouyant and happy, to find her baby born. Every American mother should be placed in the hands of a competent, thoroughly trained and sympathetic doctor and such a doctor should be available to rich and poor alike." Or, in other words, gentlemen, every doctor doing obstetrical work should violate all knowledge of nature's phenomena and his intelligence and be subservient to this class of emotional propaganda, and if we do not, some fadist will lobby a legislative bill and pass a law to that effect; and it will require a multiplicity of social workers, nurse maids, orthopedists, to say nothing of the psychiatrists to care for the offspring, and each succeeding generation will have to face that unchangeable law, "like begets like."

The old idea that behavior was an intensely personal matter and conduct, fortitude and self-control bequeathed to man with his intellect is lost sight of in this modern age of mass production and supervision. In place of teaching people courage and self-restraint, we would remove that necessity all together by legislative enactment.

Even the drug house by adopting copyrighted names for their special products succeed in using the medical profession as advertising mediums for those products.

Summary. By politicians, lobbying groups and their propaganda, the medical profession is being placarded and advertised to the laity as too ignorant, backward, ethical and conservative to continue to practice their profession without supervision both as to the value of their service and the manner of utilizing that service. Young men, and some of the older, subservient to these groups for ready money and for patronage, disregard the inevitable degradation of the entire profession and their own ultimate suicide. Standards are lowered, by this political bickering, fee splitting, trading, in this modernistic age, commercializing on a gullible public, prostituting our intelligence and selling the birthright of an honored profession for patronage.

The medical profession is now serving and paying in taxes and service toward the support of propaganda responsible for this tragic condition.

If the government, state and county, desire their indigent to attain the high standard of living they are entitled to, (I was taught as a child that the highest standard of living was to work and pay my keep) then let the government, state or county, seek the profession whose qualifications render them teachers in such matters in a **department of medicine** and not a **department** of **labor** or **Social Welfare.** Not by law force them to feed and support the octopus whose

voracious appetite makes us more serf than the tenant farmer they take so much interest in. He, at least, has a year's living guaranteed him by the landlord and no occupation tax to pay. And for our advice and service, we receive only the dime dropped into the cup, or the spare change left in the budget. The profession was not included in that some paid director, coordinator, advises can be allowed, but at all times includes salaries, expense accounts, office rent, and supplies of administrators, coordinators, district supervisors, stenographers, statisticians, case workers, nurse maids, county supervisors, and social welfare workers, not to mention the tremendous expense incurred for the printers ink halo the gullible public see about their heads. If none of these drew salaries, how long would they serve?

I do not know how others feel about this propagandistic exploitation and draft, but this small part can no longer sit, read and remain silent (amid the confusion, noise, printer's ink lecture platform, government literature, etc.) and not raise a small voice, calling your attention to the fact that we are paying in taxes, service towards the support of an insidious propaganda whose ultimate objective is the destruction of a once proud and honored profession, reduced to servitude, dependent on various groups and political patronage and their supervision for future existence.

CORRESPONDENCE

Booneville, Arkansas
December 12, 1938

Dear Bill:

I notice in the December issue of The Journal that there is a vacant space where some one had a card immediately below that of our mutual friend, S. J. Wolfermann. I do not know if Sid's name shadowed the one below to such an extent that it was discouraging, or if there was some reason for dropping his name. I am wondering what the rental is for this blank space for the next year. I do not see the names of many Country Doctors in The Journal and feel that it would probably raise the tone of the publication to have one or two scattered through its pages.

Very truly yours,

S. P. McConnell.

INTRA-OCULAR TUMORS*

A. W. ROBERTS, M. D.
Texarkana

I wish to discuss briefly two of the more common intra-ocular tumors, namely melano-sarcoma of the choroid and retinoblostoma, and report two cases of each.

Some idea of the frequency of enucleation because of melano-sarcoma as from other causes may be obtained from Callender's (1) statement that during nine years of 1772 enucleated eyes received by the Division of Ophthalmic Pathology, 111 were the site of malignant melanotic tumors. Yet, this is the most frequent malignant growth developing in the choroid (2). Men are more frequently affected than women. The disease is rare under the twentieth year and, according to E. Pawel, is more frequent between the ages of fifty and sixty (3).

Four stages have been outlined in the growth of the tumor (4). In the first stage the growth is confined to the choroid and may form a flattened disc-shaped or annular growth. Perforation of the elastic lamella and more or less rapid growth produces a mushroomlike mass, extending into the vitreous. Detachment of the retina may have occurred during the first stage. If not, it is certain to occur in this, the second stage. Intra-ocular tension is likely to rise now, due to interference with the drainage from compression of the venous outlets and formation of peripheral synechia brought about by the pushing forward of the lens and iris. The height of the intra-ocular pressure is not dependent upon the size of the tumor. In the third stage, the sclera is perforated along the channels of the nerves and vessels, and the fourth stage is one of generalized metastasis principally to liver, spleen and lungs. However, metastasis may occur early, an important point to consider when giving a prognosis after enucleation.

Diagnosis of a tumor may become very difficult when it is covered by a serous detachment of the retina. Too much dependence cannot be placed in the fact that usually intra-ocular tension is elevated. It may remain normal.

If the growth is in the anterior segment trans-illumination of the eye, by placing a small light against the sclera, at various points, may show the dark shadow of a solid tumor. In simple detachment no shadow would be produced. Lancaster (2) has advised that when the growth is in

*Read before the Section of Opthalmology and Otolaryngology, Sixty-third Annual Session of the Arkansas Medical Society, Texarkana, April 19, 1938.

the back of the eye an incision be made through the conjunctiva, and Tennon's capsule and a small light be inserted through this so that the globe may be transilluminated.

Often with the biomicroscope the tumor mass can be seen.

Puncture through the sclera with a small needle may reveal tumor cells in the fluid withdrawn or the tumor mass felt by the limitation of movement of the needle. There is danger in this procedure of causing general metastasis.

In addition to the rise of tension produced by the compression of the veins, this may also cause an engorgement upon the sclera, usually at the site of the tumor.

Necrosis of the tumor may produce symptoms of iridocyclitis and several cases of sympathetic ophthalmia have been reported (2).

It has been thought that the necrosis that occurs gives rise to oxydases which incites the cells to produce pigment. Support of this theory is found in the fact that luekosarcomas never undergo necrosis. But recently Dvorak-Theabold (5) reporting on studies made on choroidal sarcoma states: "Regarding pigment in the uveal tract, distinction should be made between the construction of pigment and pigment bearing cells. Miescher * * * found that pigment construction in the eye occurs only in the embryonic stage and that it is an oxidative process, resulting from the action of an oxidative ferment, dopa-oxidase * * *." "Oxidase occurs only in embryonic life; after completion of pigment construction no more pigment is formed, and cells concerned in pigment construction * * become * * only carriers of pigment during ordinary adult life. However, if there is any process of maglignant degeneration, the cells return to their original embryonic character and they have again the property of forming oxidases and resulting pigment."

Callander (1) classified these tumors according to their microscopic appearance, as follows:

1. Spindle cell type A.
2. Spindle cell type B.
3. Epithelioid.
4. Fascicular.
5. Mixed.

He concluded that "the results so far obtained suggest that patients with melanotic tumors of the eye consisting of spindle cells unmixed with other types have a more favorable outlook than those of epithelioid, fascicular or mixed cell types."

In the report referred to above, Theobold (5) seems to prove rather conclusively that "the neoplasm of the choroid, which has hitherto been described in the literature as choroidal sarcoma, is much more probably a neurogenic tumor, arising from the Schwann sheath cells of nerves traversing the choriod." She demonstrates tumors spring from this ectodermal tissue and suggests: "It is time to revise the classification of neoplasms, distinguishing them on the basis of embryonic tissue rather than on the theoretical basis of structure and cellular characteristics.

"Early enucleation, with a severing of the optic nerve as far back as possible, is to be advised in all cases of choroidal sarcoma. In the third stage, when the sclera is already ruptured, exenteration of the orbital contents and the periosteum is compulsory. Radium has been used in the socket after these operations. It is worth trying, but has not proved very reliable in preventing recurences (2)."

Retino-blastoma is equally divided between the two sexes. Eighty percent of the cases develop before the age of four, and over fifty percent before the age of two (2)." Like choroidal sarcoma, the progress of the disease may be divided into four stages. During the first stage, a whitish yellow reflex is noted through the pupil and a tumor mass with many tortuous, newly formed vessels spreading over its surface may be seen. Conditions that may be mistaken for retino-blastoma are: "Persistence of the posterior part of the fetal fibrovascular sheath of the lens; masses of tubercle in the choroid; inflammatory or purulent effusion into the vitreous following retinitis or cyclitis (3)."

"In a series of cases of retino-blastoma examined with X-Ray by Dr. R. Pfiefer at the Ophthalmological Institute of Columbia University, eighty percent show deposition of calcium salts under the shape of granular shadows. This deposit is pathognomic of glioma and is missing in pseudoglioma (2)."

The second stage is one with symptoms of chronic congestive glaucoma and probable cataract formation. Rarely symptoms of irdocyclitis may develop due to necrosis, but retino blastoma is never so toxic as melanosarcoma of the choroid.

The third stage consists of perforation of the globe. Rapid growth may ensue and an enormous mass develop, with ultimate death of the child resulting from sepsis of repeated hemorrhage.

Metastasis usually starts after the perforation of the globe. However, extension along the optic nerve to the brain is common and appears early and this is the usual cause of death rather than extension to internal viscera.

Bilateral involvement is not uncommon, occurring in about twenty percent of the cases. Hereditary cases have been reported and several members of the same family may be affected (3).

Microscopically, according to Friendenwald, "The tumor consists of a mass of small densely packed cells. The nuclei are small and round, the protoplasm scanty. Growth is most active in the neighborhood of the blood vessels, while those cells which are at a little distance from the blood vessels often become necrotic. Most characteristic, though by no means a constant finding, are the rosettes, circular or tubular arrangements of the tumor cells with narrow protoplasmic finger-like processes extending inward toward the center of the circle. A basement membrane resembling the membrana limitans externa is sometimes seen within the circle. The finger-like processes of the tumor cells suggest very strongly rods and cones of the retina."

Early enucleation cures nearly half of the cases (2), but if performed late death is almost certain.

On May 13, 1933, W. E. M., male, aged 26, was seen because of sudden diminution of vision in the left eye that had occurred about three weeks before. There was no history of previous eye trouble nor of any pain or inflammation. He was a well developed farmer in good health.

Vision of right eye 20/20. External structures were negative, fundus normal.

Vision of left eye 20/200. External structures, anterior chamber and pupil normal. Examination of the fundus revealed a detachment of the retina of an area about one disc diameter situated just below the macula. The center of this detachment was elevated about six diopters and appeared smooth, while the retina surrounding it was folded and the vessels tortuous. The appearance was that of detachment caused by a tumor surrounded by a small area of serous detachment. Transillumination was clear. Tension R 22mm; L 15 mm (Schietz).

During the following month practically no changes could be made out. But when seen on July 10, the elevation of the solid appearing portion was much higher, about 10 diopters, and small areas of hemorrhage scattered over its surface. The serous detachment had extended in every direction; now involving most of the inferior temporal quadrant. Transillumination still clear and the tension 10 mm.

When examined on August 7, there had been still more increase both in the size and height of the mass and in extent of the serous detachment. Transillumination was poor. The tension remained low and patient had no discomfort. Because of the increase in the size of the mass and the fact that from the very beginning it appeared to be solid and the serous detachment secondary, enucleation was advised.

The patient refused enucleation, but did return for observation. The detachment extended until only the upper nasal quadrant of the retina remained in place. Finally, it was very difficult to make out the tumor. The tension remained low at all times.

In November, enucleation was agreed to and was done at the Texarkana Hospital on November 2, 1933.

The eye was placed in 1% formaldehyde solution and sent to the Army Medical Museum. The report was as follows:

Microscopic: The eye contains a fasciculated, slightly pigmented tumor growth composed of interlacing bundles of spindle shaped cells having oval vesicular nuclei and prominent nucleoli. The tumor is fairly vascular and shows little tendency to degeneration or necrosis. The retina is detached, and shows some glial proliferation. There is a mild edema of the cornea with deep anterior chamber peripheral anterior synechia, ectropion uveae and a scanty lymphocytic infiltration in the iris. The iris vessels are swollen and hyalin in appearance. The paraffin sections show extension through the sclera along the course of the vertex vein forming an epibulbar nodule. In this section are a few large and small epithelioid type cells and many pigmented monocytes.

Diagnosis: Malignant Melanoma of the choroid. Spindle B type. Secondary glaucoma.

Because of the report of extension through the sclera it was thought wise to have some further treatment of the socket. He was referred to Dr. H. Moody, a radiologist, for this treatment. Radium was used by him at the Texarkana Hospital. Since then he has moved to another city and record as to the amount of radium used is not available. Reaction to the irridiation lasted some ten days or two weeks.

The patient was seen last on January 12, 1935, without any recurrence.

Mr. E. R. B., aged 29, presented himself on November 20, 1937, complaining of poor vision in right eye of only a short duration. He is a school teacher and is certain that the failing vision has occurred within the past year.

Vision: Right eye 6/60, left eye 6/6-1.

Examination of the right eye showed the root of the iris at the three o'clock position to be separated by a brownish mass. With the ophthalmoscope, a large mass could be seen extending from the nasal side of the globe well out into the vitreous, almost in line with the optic disc. The mass appeared dark brown in color, and had a smooth, rounded surface. With the biomicroscope and slit lamp the mass could be studied easily, and it was apparent that the mass into the vitreous and that causing separation of the iris root were one and the same.

It was our feeling that this was a melano-sarcoma probably originating in the ciliary body. Enucleation was performed on November 24, 1937. An artificial eye was fitted on December 31, 1937.

Pathological report from the Army Medical Museum is as follows:

Gross: There is a heavily pigmented, mushroom shaped tumor mass, measuring about 1.5 x 1.0 cm., extending from the ciliary body, posterior to the equator, in the horizontal plane.

Microscopic: Occupying the ciliary body and extending backward into the choroid and forward into the ligamentum pectinatum there is a tumor mass composed of closely packed spindle shaped cells containing no or varying amounts of melanin pigment. The cell nuclei show a deliciate structure and a prominent nucleolus. Actual tumor cells appear in the spaces of Fontana and there are numerous pigmented cells in the chamber angle. There is some chronic inflammatory cell infiltration of the uninvolved ciliary body and the processes show hyaline degeneration. The tumor has invaded and destroyed the architecture of the ciliary epithelium and of the retina. In some areas in the tumor the cells are very large and epithelioid in type. Aocording to the Callender-Wilder classification the tumor is much less than 50 percent argyrophil fibered. The adjoining retina is detached.

Diagnosis: Malignant melanoma, spindle cell subtype B, ciliary body.

G. F., male, aged 4 years, was brought by his parents on October 8, 1931, with the following history.

Since the age of two, his mother had noticed that the right eye would shine like that of a cat when the light would fall on it in a certain way. Since that time the pupil had been growing lighter in color until for the past few months it seemed to be entirely white. At first, the child did not complain, but for the past few months it has lost weight and was fretful and restless. The eye ball seemed to be growing larger.

Examination showed the right eye to be considerably larger than the left eye and quite hard. The pupil was widely dilated and through it could be seen a light yellow reflex. The fundus could not be seen. There were no enlarged glands.

Diagnosis of neuroepithelioma was made.

The left eye was negative.

Enucleation of the eye was done. The optic nerve was found to be enlarged and firm as far back as it could be palpated. As much of it was excised as possible.

Pathological report confirmed the clinical diagnosis. Correspondence with his home doctor told of the patient's death about a month after the enucleation from extension into the brain.

P. J., male, aged two years, was brought by his parents on April 6, 1933, for examination of his right eye. Three weeks before, they noticed that this eye turned in at times. They then examined the eye more closely and saw a white reflex in the pupillary area. The family physician was consulted and he referred them to us.

The child was well nourished, well developed and had had no illness since birth, nor was there a history of trauma. He had not suffered any pain as evidenced by fretting and crying. The parents had seen no inflammatory symptoms in the eye at any time.

Examination of the right eye revealed a clear cornea, the anterior chamber clear but shallow; the pupil in mid dilitation and fixed. The lens was clear but in the vitreous could be seen a white mass. With the ophthalmoscope, blood vessels could be seen running over the surface of this mass, the surface of which appeared smooth. No reflex could be obtained from the fundus and the eye was apparently blind. By palpation the tension was plus three.

External examination of the left eye showed it to be normal. The pupil was dilated with 2% homatropine and the fundus was found to be normal.

Because of the appearance of the growth, the absence of inflammatory symptoms, no history of trauma or systemic disease and the age of the patient a clinical diagnosis of neuroepithelioma was made and an enucleation was advised. This was done the same afternoon at the Texarkana Hospital.

At the time of the enucleation, it was found that the nerve had been cut too close to the globe. The optic nerve stump was located and grasped with heavy forceps. Then, while making traction on the nerve, it was cut again as far back as possible. Considerable hemorrhage occurred and it was necessary to pack the orbit with vaseline gauze and to leave it in place.

The following day, an attempt to remove this pack was accompanied by free bleeding and it was necessary to replace it. Because of economic reasons, it was necessary to dismiss the child from the hospital. The pack was removed in the office four days after the operation without any unusual bleeding.

The specimen was sent to the Army Medical Museum and the pathological report was as follows:

Gross Description: White tumor mass, apparently containing calcium, fills about one half the globe. Optic nerve cut very short.

Microscopic examination: The posterior half of the eye ball is almost completely filled with a vascular tumor composed of small densely stained cells and containing large area of hemorrhage and necrosis. In occasional areas there is an indefinite tendency to rosette formation. No involvement of the choroid or extension beyond the lamina cribrosa. Other findings include recently separated peripheral anterior synechia. Ectropion uveau. Serous exudate behind the attached retina.

Diagnosis: Retinoblastoma (glioma of the retina). Secondary glaucoma.

An artificial eye was fitted in January, 1934, and at that time a careful examination was made of the fundus of the left eye. Nothing abnormal was seen. Examinations were made also in March, November and December of 1934, without finding a growth in the remaining eye, nor was there evidence of metastasis to any other part of the body.

REFERENCE

1. Callender, G. R.: Transactions of the Am. Acad. Opth. and Oto-Laryn. 1931.
2. Trancoso: Internal diseases of the Eye and Atlas of Ophthalmoscopy, 1937.
3. De Schweinitz: Diseases of the Eye, 1921.
4. Friendenwald: Pathology of the Eye, 1929.
5. Dvorak-Theabold: Archives of Ophthalmology, Vol. 18, No. 6.

COMING MEDICAL MEETINGS

Sectional Meeting, American College of Surgeons, Nashville, Tennessee, January 18-20th.

New Orleans Graduate Medical Assembly, New Orleans, February 6th-9th.

Mid-South Post Graduate Medical Assembly, Memphis, February 14th-17th.

Arkansas Medical Society, Hot Springs National Park, May 8th-10th.

TUBERCULOSIS ABSTRACTS

A Review for Physicians

ISSUED MONTHLY BY THE NATIONAL TUBERCULOSIS ASSOCIATION

WHAT becomes of the tuberculosis patient after the doctor refers him to the sanatorium? In many communities sanatorium officials send progress reports to the practicing physician from time to time. Sometimes, however, the doctor is revisited by the patient whom he sent to the sanatorium months or years before, asking advice as to his future course. He may wish particular advice on the kind of work he may do safely. It may be helpful, therefore, to learn from a qualified official what provisions are made by the state for counseling and training tuberculosis patients for suitable employment. Extracts of a paper by H. D. Hicker, Chief of the Bureau of Vocational Rehabilitation of California, follow:

COUNSELING THE TUBERCULOSIS PATIENT

Not only medical skill is necessary to restore the tuberculosis patient to a useful life, but also the aid of mental hygiene, social welfare, education, training and placement services. Each patient must be treated as an individual, yet one must remember that the individual is not an assembly of parts and functions and that, therefore, he must be treated as a whole. Consequently all workers in the tuberculosis field must coordinate their services. Vocational rehabilitation is closely linked with medical and social services.

Under the Federal Rehabilitation Act of 1920 and the subsequent state rehabilitation acts, tens of thousands of men and women with physical disabilities of various types have achieved satisfactory vocational adjustment. It has been amply demonstrated that the rehabilitation program of vocational counseling, training and other related services can and does make physically impaired persons employable. Yet comparatively few tuberculosis patients have received the benefits of the Rehabilitation Service. Among the reasons given for this lack are that the Rehabilitation Service has shared the widespread fear of this disease and the belief that very few cases recover sufficiently to become employable. Another reason is that tuberculosis patients represent only a small fraction of the large number of handicapped persons and that resources are limited. The remedy for this lies in broadening the scope of rehabilitation service through legislation.

Results of Counseling

The California Bureau of Vocational Rehabilitation has at this time a live roll of 659 tuberculosis patients and ex-patients. Each year since 1933 has seen an increase in the number enrolled. During this time 758 persons (31%) out of a total of 2,418 in training have been rehabilitated, which means, placed in a suitable job with a fair salary, and each year the proportion of those rehabilitated has increased.

How permanent is the rehabilitation of ex-patients? Of 209 individuals rehabilitated in Los Angeles County during the period of 1928 to 1936, 155 (74%) are still employed; whereas in a control group of 98 individuals discharged from sanatoria who had not received training, the number still employed is 34 (34%). Not so favorable was the discovery that about 20% of the rehabilitated individuals have had relapses of their disease and eight (4%) died, though the work was not the cause of death.

Experienced counselors of the Vocational Rehabilitation Service make periodical visits to sanatoria throughout the state. They counsel patients who have been selected by the medical director and who are deemed eligible and feasible with regard to future occupation. Occasionally, preliminary guidance interviews are given to patients not yet ready for decision but who need reassurrance.

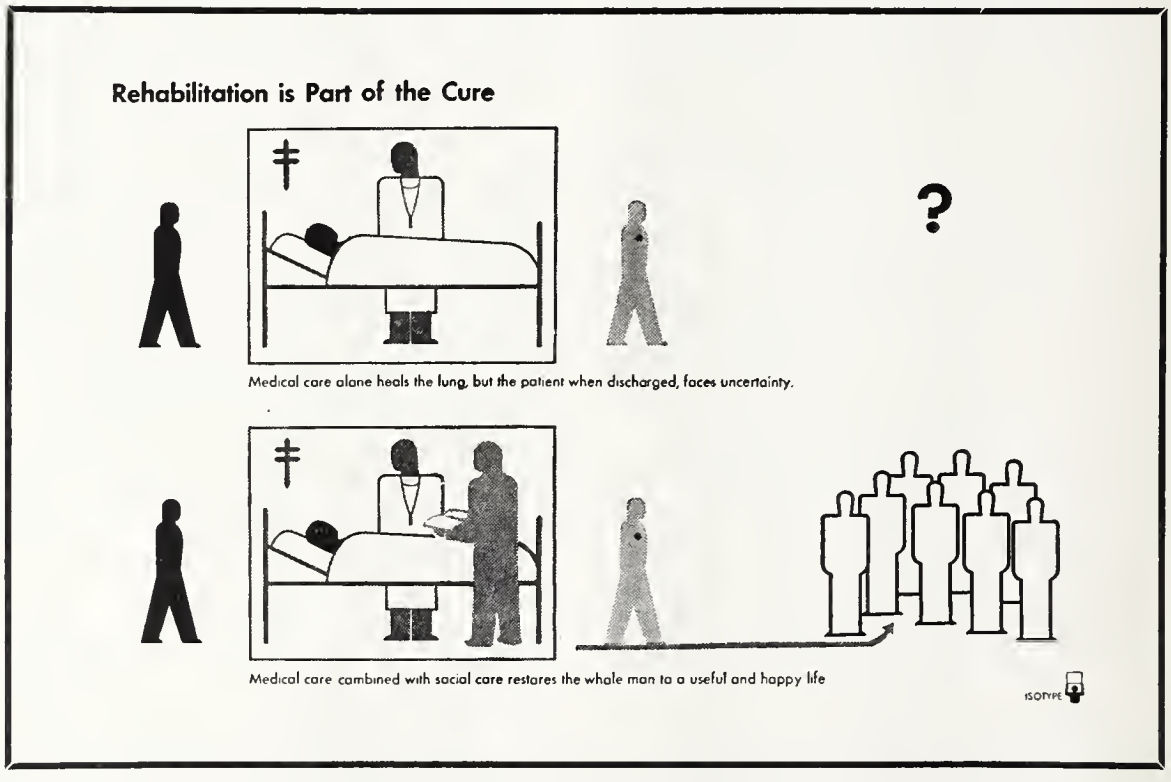
Vocational training is seldom a part of the sanatorium program. We believe that selected

reading activities, adult education, and occupational therapy fit better into the sanatorium situation, with as much prevocational emphasis as may be desirable in individual cases. Nevertheless, training is occasionally provided for selected patients whose condition is at least quiescent and improving to indicate discharge within a reasonable time, and assuming that training facilities are or can be made available. Approximately 8% of our tuberculosis cases start their training before discharge, either in one of the five sanatorium commercial classes conducted by the Bureau, or by means of correspondence courses, or through employment training in sanatorium jobs. The advantages of this early start, are improved morale, service as a hardening process, shortening of period of continued training after discharge and often either immediate or at least quicker placement. Training is always in accordance with medical advice, starting with a few minutes daily and increasing as the patient's condition permits.

Training is usually provided after discharge and after a period of adjustment to home conditions. The start is on a part-time basis, increasing to full time as condition warrants, and provision is always made for medical follow-up. Each training program is made to fit the particular needs, interests, and convenience of the individual trainee to the greatest extent possible; never do we try to fit the trainee into a cut-and-dried uniform porgram. Under these conditions we find that training may be successfully followed which results in successful rehabilitations.

Counseling and Training Tuberculosis Patients for Suitable Employment. H. D. Hicker, Transactions of the National Tuberculosis Assn., 1938.

For advice concerning the vocational rehabilitation of recovered tuberculosis patients, consult your tuberculosis association or the state vocational rehabilitation service of the state department of education.



This is number 14 of a series of 20 Isotype charts on tuberculosis. The original charts are in color, each measuring 24" x 36" and are used by tuberculosis associations for the education of the general public.

THE JOURNAL

OF THE

ARKANSAS MEDICAL SOCIETY

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NEWS—Our readers are requested to send in items of news, also marked copies of newspapers containing matter of interest to the membership.

EDITORIAL

INFORMING THE PUBLIC

The Journal has repeatedly asked that individual physicians take upon themselves the obligation and privilege of informing their patients of the viewpoint of organized medicine on suggested plans for a revolutionary change in the form of medical service. This is an opportunity which is not available to the government propagandist; he must content himself with the printed word and the radio address. The physician, enjoying the confidence of his patients, can calmly and dispassionately point out the evils attendant upon a scheme of medical practice wherein control would be vested in lay or political agencies. His words will be received with the credit they are due; his own section of the citizenry will realize that the loss will be theirs. The tremenduous value of patient good will has been too much neglected in these days of stress. A concerted effort by the members of this Society to correctly and thoroughly inform their own patients on the merits of the individualistic plan of medical practice as contrasted with the many disadvantages of any socialized scheme will be productive of untold good to the profession in the further trying days ahead. There is urgent need for personal missionary work by practitioners of medicine. The issue is one you cannot dodge; tomorrow may be too late; the time is now.

PUBLIC RELATIONS

Never has a greater field of usefulness been opened up for county society committees on public relations. The character and integrity of the individual physician is assailed on all sides; the organized medical profession is reviled, termed reactionary and "behind-the-times," the medical profession has been indicted as a "combination in restraint of trade." Small matter that medical men hardly consider themselves tradesmen, much less monopolists. Newspapers will editoralize and comment at length upon the indictment; an avalanche of publicity will descend favoring the streamlining of medical practice. Our experience with the press has convinced us of their fairness, their willingness to study both sides of any question. That they find it difficult to understand some of the current questions affecting medical service is readily understood. The doctor himself is confused over the multiplicity of the issues involved.

Has your local newspaper published articles or editorials upon the subject of changes in medical practice? If so, was the presentation fair, unbiased and accurate? If it was, did you take time out to commend the editor personally? If the presentation was not fair, have you made effort to present for his consideration the viewpoint of organized medicine? Home folks generally find a welcome in the office of the editor. Why not try it?

FELLOWSHIP IN THE AMERICAN MEDICAL ASSOCIATION

Effective January 1st, 1939, the annual Fellowship dues and the subscription price of The Journal of the American Medical Association will be increased to eight dollars. The constantly expanding work of the national organization and the contingencies that are expected to develop will require unusual expenditures during the coming year. Physicians must realize that their hopes for the future of the private practice of medicine rest upon the force and activities of organized medicine. There is a cost to this, a small one, and one in which every well-meaning physician will wish to have a part. Our members are again reminded that by virtue of their membership in the Arkansas Medical Society,

they contribute nothing toward the support of the national body. It is essential that they become Fellows of the American Medical Association if they are to contribute toward its activities. Arkansas has not maintained as high a percentage of fellowship as is desirable. It is hoped that many more of our members will become Fellows of the American Medical Association during 1939. The secretary's office will be glad to handle applications for fellowship accompanied by remittance of the annual dues.

MEDICAL ORGANIZATION IN 1939

The objectives of organized medicine in 1939 are listed:

1. The formation of more aggressive and compact county units with emphasis upon better scientific programs and a more alert attention to the problems of sociology and economics as they affect the practice of medicine.

2. The promotion of fellowship between doctors.

3. A study of medical care as available in the counties and communities of Arkansas designed to correct deficiencies as may be found to exist and to provide the citizens of the state with the best possible medical care under conditions of satisfactory distribution.

4. More constant support of The Journal and its cooperating advertisers.

5. Prompt payment of 1939 membership assessment to county society secretaries.

6. A numerically larger affiliation of the members as Fellows of the American Medical Association.

These are vital if organized medicine is to go forward. Each objective must be attained if liberty, freedom and the continuance of the practice of medicine as a private enterprise are to be maintained.

WHY THE SURVEY IS INCOMPLETE

Dear Doctor:

As regards the blanks sent out to be filled in by individual doctors. We mailed out the first set and six doctors responded. With one or two other members we tried to create an interest and failed. I do not know any way to get doctors to do what they do not want to do. I am sorry.

(Signed by a county medical society secretary).

PROCEEDINGS OF SOCIETIES

The Ouachita County Medical Society leads the list with a 100% payment of 1939 membership assessments received in the office of the state secretary on December 7th. F. D. Smith, as is his custom, made remittance from Mississippi County reaching the office on December 8th.

Lincoln County Medical Society has elected the following officers: President, C. W. Dixon, Gould; Vice-president, G. W. Ringgold, Gould; Secretary-treasurer, L. T. Taylor, Star City, and Delegate, R. L. Johnson, Grady.

Polk County Medical Society has elected the following officers: President, F. A. Lee, Vandervoort; Vice-president, Pierre Redman, Mena; Secretary-treasurer, J. G. Hilton, Mena, and Delegate, J. H. Murphy, Opal.

Mississippi County Medical Society has elected the following officers: President, Floyd Webb, Blytheville; Vice-president, L. L. Hubener, Blytheville, and Secretary-treasurer, F. D. Smith, Blytheville. This is the 19th time Dr. Smith has been elected to this office.

The Ouachita County Medical Society met in dinner session at Camden December 1st for the following program: "Varicose Veins," O. C. Rigby, Shreveport, Louisiana, and "Malaria," J. P. Sanders, Caspiana, Louisiana. The following officers were elected: President, S. A. Thompson, Camden; Vice-president, H. F. Thompson, Bearden; Secretary-treasurer, R. B. Robins, Camden; Delegate, R. C. Kennerly, Camden, and Alternate, E. J. Byrd, Bearden.

R. B. Robins, Secretary.

Twenty-two members of the Clay County Medical Society and Farm Security Administration attended a dinner meeting in the First Methodist church at Piggott, Friday evening November 25th. Dr. J. E. McGuire of Piggott presided over the meeting and speakers on the program were: Dr. H. A. Stroud, Jonesboro, Councilor, First Councillor District, Arkansas Medical Society, Mrs. Louise B. Gallegley, F. S. A. Home Supervisor, and Miss Gladys Vancil F. S. A. Secretary. A round table discussion was held in regard to the advisability of the medical profession, continuing to do the practice of clients of the F. S. A. for another year beginning, February 15th, 1939. No definite conclusion was decided upon.

J. E. McGuire, secretary.

The Southern Section of the American Laryngological, Rhinological and Otological Society will meet in New Orleans, Saturday, January 14th. The profession is cordially invited to attend.

The Ninth Councilor District Medical Society met in Harrison December 6th for the following program: "Social Relationships in Medicine," S. J. Wolfermann, Fort Smith; "Hip Fractures," Joe F. Shuffield, Little Rock; "New Remedies for Reference to the U. S. Pharmacopeia and Other Publications on Therapeutics," L. J. Kosminsky, Texarkana; "Management of Urinary Tract Infections," H. Fay H. Jones, Little Rock; "Prenatal Care," Clyde Rodgers, Little Rock; "Cooperation of the Physician with Organized Medicine," W. R. Brooksher, Fort Smith, and "Cancer of the Skin," R. Q. Patterson, Little Rock. The evening banquet session was held with addresses by Hon. V. D. Willis, Harrison, and L. J. Kosminsky, Texarkana. The Society will next meet in Harrison June 6, 1939.

Lawrence County Medical Society has elected the following officers: President, C. D. Tibbels, Black Rock; Vice-president, J. F. Jackson, Walnut Ridge; Secretary-treasurer, T. C. Guthrie, Smithville; Delegate, J. C. Hughes, Hoxie, and Alternate, J. F. Jackson. The December 13th meeting was addressed by T. Duel Brown, Little Rock.

C. D. Tibbels, Secretary.

Garland County Medical Society has elected the following officers: President, D. B. Stough; Vice-president, C. H. Lutterloh; Secretary-treasurer, W. E. Gray; Delegates, J. S. Stell, J. M. Proctor and O. H. King, and Alternates, Jeff Scott, C. D. Lee and T. N. Black.

Sebastian County Medical Society has elected the following officers: President, T. P. Foltz; Vice-president, A. A. Blair; Secretary, Ralph Weddington; Treasurer, W. R. Brooksher, and Member of Board of Censors, A. F. Hoge. The December 13th meeting was addressed by Anson Clark, Oklahoma City, "Some Urological Complications of Brucellosis."

L. M. Henry, Secretary.

Pulaski County Medical Society has elected the following officers: President, Geo. V. Lewis; Vice-president, H. W. Hundling; Secretary, E. H. White, and Treasurer, R. J. Calcote.

Benton County Medical Society has elected the following officers: President, M. W. Chastain, Bentonville; Vice-president, J. S. Thompson, Gravette, and Secretary-treasurer, Geo. M. Love, Rogers.

Washington County Medical Society has elected the following officers: President, Alfred Hathcock, Fayetteville; Vice-president, R. T. Henry, Springdale; Secretary-treasurer, James Lewis, Fayetteville; Delegate, Alfred Hathcock, and Alternate, R. H. Huntington, Fayetteville.

A sectional meeting of the American College of Surgeons will be held at the Andrew Jackson Hotel, Nashville, Tennessee, January 18th, 19th and 20th.

The Phillips County Medical Society was addressed December 15th by Val Parmley, Little Rock, "Brain Injuries," and C. C. Reed, Jr., Little Rock, "Socialized Medicine."

One of the outstanding events of the season was the banquet of the Woodruff County Medical Society at the Smith Hotel, Augusta, December 9th, having as their guests their wives, the dentists and the ministers, their wives and the County Judge-elect.

The dining room and long table at which the doctors and their guests were seated was alight with Christmas decorations and red tapers in crystal holders. A turkey dinner with all the trimmings was served.

Dr. E. F. Brewer, the president, was toastmaster. He called upon various members and guests for after dinner talks. Some of these brought forth much merriment; one being Dr. West's clever description of his famous tonic, "Jug of All Sorts," manufactured from left overs gathered up in his rounds and other ingredients he regards most essential. He said doctors got many patients with multitudes of symptoms but no actual disease and that with these a treatment from his "Jug of All Sorts," worked wonders; that it worked equally well for both high and low blood pressure or whatever else this class of patients imagined was wrong. He thought all doctors would do well to use his tonic for it was especially indicated where the

doctor doesn't know what is the matter with the patient. He admonished that when used the patient must be carefully watched lest the high ones go too low and the low ones go too high. He put emphasis upon the careful selection of a certain acid with the essential specific gravity of point-one 1832 which supplied his tonic with the much extolled vitamin fraction, (this being a vitamin conscious age). Even though he makes this great tonic up by the gallon, he said, none is ever left on hand, for patients come from far and near for refills.

Another amusing quip was pulled on Doctor Biles when Doctor Dungan asked him to explain to the doctors how they got the turkey dinner; saying that Dr. Biles was the champion collector and that not only did he collect turkeys, etc., but he also knew how to turn into cash what he collected therefore, the turkey dinner, sponsored by Dr. Biles, at fifty cents a plate. Doctor Biles made a good-natured and clever retort by maintaining that feeding doctors turkey at fifty cents a plate was a losing proposition, and that he saw himself coming out several dollars in the hole, and that hereafter he would seek other markets for his turkey.

Mr. Raney, County Judge-elect, and undertaker, said he didn't know why he was invited unless they had some mud holes they wanted filled up for said he, ironically, "I know where you go; I have followed you doctors all over this county."

Rev. J. F. Brewer spoke in a more serious vein of the relationship of the doctor and minister, saying that they served a common cause ministering to those sick in body and soul, that much of this work was unremunerative but should be taken in the daily stride.

After dinner the ladies adjourned to the lounge for a social hour and the doctors got down to the serious business of electing officers for the enusing year. Dr. W. T. Wilkins, Cotton Plant, was elected President; Dr. J. H. West, McCrory, Vice-president; Dr. L. E. Biles, Augusta, Secretary-treasurer; Dr. C. E. Dungan, Augusta, Delegate to the State Medical Convention, and Dr. J. W. Morris, McCrory, Alternate.

The problem of socialized medicine was taken up with Mr. Mahan, F.S.A. Director for Woodruff County, leading the discussion and presenting the procedure and working basis for a health project for the low-income farm families who are under the rural rehabilitation set-up.

L. E. Biles, Secretary.

Sevier County Medical Society has elected the following officers: President, G. L. Kimball, DeQueen; Vice-president, C. A. Archer, DeQueen; Secretary-treasurer, J. S. Hendricks, DeQueen; Delegate, C. C. Hanchey, DeQueen, and Alternate, J. C. Graves, Lockesburg.

Searcy County Medical Society has elected the following officers: President, E. W. Wood, Marshall; Vice-president, J. O. Leslie, Marshall; Secretary-treasurer, S. G. Daniel, Marshall; Delegate, E. W. Wood, and Alternate, J .O. Leslie.

Woodruff County Medical Society has elected the following officers: President, W. T. Wilkins, Cotton Plant; Vice-president, J. H. West, McCrory; Secretary-treasurer, L. E. Biles, Augusta; Delegate, C. E. Dungan, Augusta, and Alternate, J. W. Morris, McCrory.

Cleveland County Medical Society has elected the following officers: President, T. L. Adams, Rison; Vice-president, A. B. Robertson, Rison; Secretary-treasurer, W. G. Hancock, Rison; Delegate, Junius Ruth, Rison, and Alternate, T. L. Adams.

Lonoke County Medical Society has elected the following officers: President, F. A. Corn, Lonoke; Vice-president, S. S. Beaty, England; Secretary-treasurer, O. D. Ward, England; Delegate, E. A. Callahan, Carlisle, and Alternate, W. B. Crowgey, Scott.

CONSTITUTIONAL AMENDMENTS

The following amendments to the Constitution and By-Laws of Arkansas were proposed at the annual session in 1938 and are published here in accordance with the requirements of the Constitution affecting the adoption of amendments:

To amend Article IX, Section 2, to read as follows:

> "The President-elect, the Vice-president, the Secretary, and the Treasurer shall be elected annually, each to serve a one-year term. On the expiration of his term as President-elect, that person shall automatically succeed to the Presidency and shall serve as President for the ensuing year. Each year five Councilors shall be elected, each to serve a two-year term. All officers shall serve until their successors are installed."

To amend Chapter IV, Section 2 of the By-Laws, where it states "thirty days prior to the annual meeting" to read "March 1st."

PERSONALS AND NEWS ITEMS

Ralph M. Sloan has been elected a director of the Jonesboro Chamber of Commerce.

F. J. Scully, Hot Springs National Park, has been elected grand master of the Arkansas grand council, Royal and Select Masters.

Ralph A. Law, Little Rock, has been elected a director of the Christ Church Men's Club.

J. E. M. Taylor has been elected chairman of the board of stewards of the Sparkman Methodist church.

O. L. Atkinson has moved from Cotter to Hampton.

Alan Cazort recently addressed the Little Rock Kiwanis Club on "Foods and Poisons."

Among the successful deer hunters in the December season were: Joe Shuffield, Little Rock, and J. B. Ivy, Tuckerman.

F. Walter Carruthers, Little Rock, addressed the El Dorado Rotary Club December 5th on "The Crippled Children Problem as it Affects Surgeons."

Robert Caldwell has been elected a member of the Little Rock School Board.

R. J. Turner has been appointed city health officer at Fayetteville.

F. G. Engler is now located for practice at Alma.

"Clinical and Experimental Studies with Non-invagination of the Appendiceal Stump" by J. K. Donaldson and H. S. Thatcher, Little Rock, was abstracted in the August 1938 issue of the International Digest of Surgery.

H. Fay H. Jones, Little Rock, addressed the Memphis Urological Society December 13th on "Fads and Quackery in Urology."

W. H. Moreland, Tyronza, has been appointed a member of the Baptist State Hospital board.

J. B. Jameson, Camden, has been appointed a trustee of Ouachita Colleke.

A. L. Goatcher, Plummerville, has been ap- trustee of Ouachita College.

Dr. and Mrs. W. C. Porter, Ozark, celebrated their fiftieth wedding anniversary December 16th.

MARRIED—On December 26th, J. P. Price, Jr., Monticello, and Miss Corinne Beasley, Waldo.

BORN—On December 12th, a daughter, to Dr. and Mrs. John McCullough Smith, Port Neches, Texas.

M. E. Blanton has been elected a director of the Jonesboro Young Business Men's Club.

Fred Krock, Fort Smith, has been elected a member of the Southern Surgical Association.

"Some Unusual Tumors of the Ovary" by Randolph T. Smith, Little Rock, appeared in The Mississippi Doctor for December.

H. King Wade, Hot Springs National Park, addressed the Northeast Mississippi Medical Society at Tupelo, December 13th, on "Urinary Infections, with Special Reference to Their Medical Management."

D. A. Rhinehart, who has served as roentgenologist at the Baptist State Hospital, Little Rock for the past twelve years, was succeeded by A. F. Pirnique on December 15th. Dr. Pirnique recently spent three months in the study of roentgenology at Touro Infirmary, New Orleans.

F. J. Scully has been elected scribe of the Hot Springs chapter, Royal Arch Masons.

C. H. Smythe, Stephens, is recovering from injuries received in an automobile accident.

John M. Samuel recently addressed the Little Rock Civitan Club on "Socialized Medicine."

OBITUARY

ANDREW S. GREGG, aged 81, died at his home in Fayetteville November 21st after an illness of two weeks duration. Born in Fayetteville July 6, 1857, he graduated from the University of Arkansas in 1878, taught school for a time and graduated in medicine from the Washington University School of Medicine in 1881. He had practiced at Fayetteville for the past 57 years and at the time of his death was city health officer of that city. He had served two terms as city alderman. He had served his county medical society as president and delegate and was an honorary member of the county society and of the Arkansas Medical Society, a member of the American Medical Association and a fellow of the American College of Surgeons, and was formerly a member of the state board of health. Surviving are a son, a daughter, a sister and a brother.

AMOS W. TROUPE, aged 82 years, died November 21st from injuries sustained in an automobile accident that day. Born at Fostoria, Ohio, December 21, 1856, he graduated from Michigan State College in 1881 and from Rush Medical College in 1884. He came to Pine Bluff in 1888 as a member of the Cotton Belt medical staff and had completed fifty years of continuous service with the railroad in April of this year. He was married to Miss Carrie Sloan on November 18, 1884. Mrs. Troupe died July 26, 1931. An honorary member of the Jefferson County Medical Society and of the Arkansas Medical Society, he was serving his county society as president this year. He was a member of the Knights Templar, the Sahara Temple of the Shrine and of the First Presbyterian Church. A son, Charles A. Troupe, survives him.

WILLIAM A. PURIFOY, aged 70, Chidester, died in the Camden Hospital November 25th after a long illness. Born near Bluff City, Arkansas, August 29th, 1868, he graduated from the Memphis Hospital Medical College in 1899 and had practiced in Chidester ever since. He was married in 1900 to Miss Mollie Stone, who, with a daughter, two brothers and three sisters, survives him. He was a past-president of the Ouachita County Medical Society, a member of the Albert Pike Consistory, the Chidester Masonic Lodge, the Sahara Shriners Temple, and of the Baptist Church. Civic interests included the presidency of the Bank of Chidester and of the Chidester Hardware and Furniture Company.

OCTAVIUS LAMAR WILLIAMSON, aged 61, died at his home in Marianna November 26th of coronary disease. A son of the late Dr. W. L. Williamson, he was born at Oakland, Mississippi, in 1877. He was reared in Lee County, received his preliminary education there and graduated from Arkansas College at Batesville. His medical degree was obtained from Tulane University in 1901 and he first entered practice at Moro. In 1902 he moved to Marianna and at the time of his death was senior partner in Williamson, Crawford and Hodge, established in 1928. For the past twenty years he had served as county health officer and more recently had also been the city health officer. He had also served as a member of the State Board of Health, of the State Textbook Commission and of the Lee County School Board. The first road improvement district in Lee County was the result of his efforts and he continued active in the promotion of good roads in the county. Active in organized medicine he was a fellow of the American Medical Association and he had served on the Committee on Medical Legislation of the Arkansas Medical Society. He was president of the First National Bank of Marianna and a vestryman in the Episcopal Church. Surviving him are his wife and a daughter.

CARL G. DAVIS, aged 52, Hot Springs National Park, died in a Fayetteville hospital December 3rd. Born at Ranger, Texas, he was a graduate of the University of Arkansas and of the University of Arkansas School of Medicine, receiving his medical degree in 1934. He had taught science for four years at Arkansas Tech, had been head of the science department of Ouachita College for seven years and served

four years as associate professor of chemistry in the University of Arkansas School of Medicine. For the past four years he had been director of the United States Public Health Service Clinic at Hot Springs National Park. In addition to his membership in the Garland County Medical Society and the Arkansas Medical Society, he was a fellow of the American Medical Association and a member of the American Chemical Society. He served during the world war. Surviving relatives are his wife and a brother.

EPHRIAM GRAEME McCORMICK, aged 83, died at his home in Prairie Grove December 12th. Born in Virginia, he moved to Arkansas in 1875, first living at Carlisle where he taught school and engaged in newspaper work. He graduated from Missouri Medical College in 1881 and entered practice at Prairie Grove. In this city he founded the first newspaper and was one of the founders of the Presbyterian church and of the first high school. Active in organized medicine, he had served the Washington County Medical Society in its various offices and had been an honorary member of that society and of the Arkansas Medical Society for many years. Surviving relatives are his wife, two sons and a daughter.

NEW ORLEANS GRADUATE MEDICAL ASSEMBLY

From the unusual number of inquiries as well as enrollments which have been received at this early date, the impression is gained that the third annual New Orleans Graduate Medical Assembly, which will be held from February 6 to 9, 1939, at the Roosevelt Hotel, will be the largest from the standpoint of attendance. It is also especially significant that a very considerable number of the inquiries have come from those who have attended previously. This has been especially gratifying to the sponsors of this intensive refresher course, because it indicates that the previous programs have supplied just what the busy practitioner has so long felt that he needed most.

A small registration fee of $10.00, which covers all of the features, including four roundtable luncheons as well as the smoker, makes it possible to enjoy four full days of medical education, combined with recreation in the interesting city of New Orleans. Ample provision will be made for the entertainment of the ladies. A postal card addressed to the New Orleans Graduate Medical Assembly, 1430 Tulane Avenue, New Orleans, will bring especially interesting information concerning the program as well as other attractions.

RANDOM THOUGHTS OF THE SECRETARY

November 24th. Selecting the Hot Springs-Fort Smith gridiron contest for our Turkey Day attendance we sit it out uncomfortably cold finding the Trojans not the team of yore and we wonder if some Central Avenue quarterbacks are not the answer to this. For the first time we purchase popcorn and the trimmings at such an occasion without the added profit the seller usually demands, and from Hot Springs, this is worthy of mention.

November 26th. The Cotillion Club goes native and many a boy and girl exercise the opportunity to get rid of repressive conventions at a dance. After all, the love of roughhouse remains with us throughout the years and perhaps 'tis well that we occasionally get the chance to romp and shout.

December 2nd. F. E. Schmidt comes to town with his remarkable pneumonia film bringing information of value on modern therapy, and at the same time, acquainting us with the fact that numbers of physicians knew a lot more about it than did we.

December 5th. The Council meets sedately and disposes of the problems in smooth fashion, Parmley admitting, for the once, that he can not take it as of yore.

December 6th. Arriving Harrison in the late afternoon but sufficiently early to hear Fay Jones distinguish between a bale of hay and a bale of alfalfa as etiological agents in the production of post-operative hernia and likewise learning from obstetrician Clyde Rodgers why "women go wild," presented as scientific statement of fact. In the evening to dinner, hearing much talk of quail from Rodgers, Jones and Kosminsky, until we become abashed at the hints that some be handed out for the trip home. Post-prandially there is much of speeches and repartee from the guests and we now make formal declaration that the laughter with which we closed our talk was not brought forth by our own wit but at Elizabeth Wolfermann's acceptance of the tale.

December 8th. Our natal day with much of joy in the evening, leaving us quite content that another year has brought us love, laughter and much of happiness.

December 13th. Urologist Anson Clark comes to town and gives the best exposition of brucellosis we have yet heard. With remarkable unanimity of votes the 1939 officers are chosen and Raymond Smith gladdens this perennial treasurer by payment of 1939 dues, easily the first to do so.

December 25th. Entering into the gayety of Christmas, our enjoyment increased by reminders from loyal and true friends and by the happiness of doing something for others. Among our Christmas cards is one from Stanley Gates, erudite Latin scholar, and we shall ask a literal translation at our next meeting. The Crownharts and Will C. Braun maintain a reputation for the unusual with their messages. All in all, we are most thankful for this season of cheer.

WOMAN'S AUXILIARY PAGE

MRS. N. B. DANIEL,
Publicity Secretary, 908 Pine Street, Texarkana.

Woman's Auxiliary of Bowie and Miller Counties Medical Societies was entertained at luncheon November 26th, by Mrs. L. J. Kosminsky, Mrs. Decker Smith, Mrs. Reavis W. Pickett, and Dr. Frances Spinka at the home of Mrs. Kosminsky, 220 West Fifth Street.

After luncheon, Mrs. Roy Baskett presided over a brief business session when the group voted to change the banquet date to Thursday evening, December 8. The banquet will be held at Hotel McCartney at 7:00 P.M., and husbands of members will be guests of honor. Mrs. Decker Smith will be chairman of the entertainment committee, and Mrs. J. T. Robison will preside as toastmaster.

Mrs. J. T. Robison gave a stirring appeal for the Christmas seal sale.

Mrs. William Hibbitts gave a delightful talk from Hygeia, and she also gave a report on the meeting of the Southern Medical Society Auxiliary meeting which she recently attended in Oklahoma City.

Guests were Mrs. C. L. Hays of Nashville, Tenn., guest of her daughter, Mrs. C. E. Kitchens, and Mrs. Joel Friede, mother of Mrs. Kosminsky.

One of the most delightful entertainments of the pre-Christmas season was the beautifully appointed dinner party given December 8th, by members of the Women's Auxiliary to the Bowie and Miller Counties Medical Society at Hotel McCartney.

The U-shaped table was artistically decorated for the occasion with Nandina berries and red candles.

Dr. A. W. Roberts gave the invocation.

Childhood pictures of the guests were arranged in a picture gallery, with Mrs. William Hibbitts and Dr. L. J. Kosminsky winning prizes for recognizing the largest number.

Mrs. L. J. Kosminsky conducted a personality quiz, with a prize going to Dr. and Mrs. Allen Collom.

Mrs. Roy Baskett, president of the auixiliary, introduced Mrs. J. T. Robison, who in rhyme asked for stories from the following: Mrs. S. A. Collom, "Amusing Histories of Early Doctors"; Dr. J. J. Kosminsky, "Italian Dialect Story"; Dr. William Hibbitts and Dr. H. E. Murry, "Amusing Experiences"; Dr. Frances Spinka, "Reminiscences of Europe in Post-War Days." Mrs. William Hibbitts described in verse a popular matron who was instantly recognized as Mrs. Harry Murry.

Dr. J. Wirt Burnett played two piano numbers, "Polichinelle" by Rachmoninoff and "Country Gardens" by Percy Grainger.

The entertainment committee was composed of Mrs. Decker Smith, chairman; Mrs. Reavis Pickett, Mrs. Allen Collom, Mrs. L. J. Kosminsky, Mrs. T. E. Fuller, and Mrs. Ralph Cross.

Those present were: Dr. and Mrs. William Hibbitts, Dr. and Mrs. A. W. Roberts, Mrs. Ralph Cross, Dr. and Mrs. Roy Baskett, Dr. and Mrs. Harry Murry, Dr. and Mrs. J. L. Kosminsky, Dr. and Mrs. Allen Collom, Dr. and Mrs. E. M. Watts, Mrs. S. A. Collom, Mrs. James F. Warren, Dr. and Mrs. T. F. Kittrell, Mrs. Oscar High, Dr. and Mrs. Reavis Pickett, Dr. and Mrs. Decker Smith, Dr. and Mrs. J. T. Robison and Mrs. Joe Tyson, Dr. J. Wirt Burnett, Dr. Preston Hunt, and Dr. and Mrs. Kirk Moseley.

In November, the Woman's Auxiliary to the Pulaski County Medical Society was entertained at luncheon at the home of Mrs. Frank O. Rogers. Yellow chrysanthemums and pink roses decorated the living rooms and sun room. The dining table from which a buffet luncheon was served, was lighted by an electric centerpiece in Fuchsia shades. Serving at the dining table were the assistant hostesses: Mrs. J. Palmer Sheppard, Mrs. A. F. DeGroat, Mrs. Paul Autrey, Mrs. W. A. Snodgrass and Mrs. R. M. Blakely. Guests were seated at small tables arranged throughout the lower floor. Following the luncheon a business session was held with Mrs. W. A. Snodgrass presiding. Reports were heard from the various committees, and it was decided that the auxiliary shall participate in the annual custom of the City Federation of Women's Clubs to send Thanksgiving baskets to the Arkansas Blind Women's Home, Inc. Mrs. J. Leo Aday was a new member. Miss Margaret Hockenberger, guest speaker, discussed "Working with the Crippled Children —Their Needs."

In October, Drs. Bisco, Rands, and Hellums entertained the Southeast Arkansas Medical Society and Auxiliary, celebrating the opening of the lovely new hospital.

All were interested in the incubator used by the Dionne quintuplets which was on display on the first floor and in looking over the equipment of the hospital. A delicious dinner was served to forty guests. The ladies were ushered into the home of Mrs. Hellums for their meeting.

Discussions and plans for better programs made up the business for the evening.

The Southeast Arkansas Medical Society and Auxiliary met in Monticello, at the Ridgeway Hotel, guests of the Monticello members of the Medical Society.

After a lovely turkey dinner the ladies were invited to listen with the doctors, to a lecture on tuberculosis by Dr. Riley of the Booneville Sanitorium. This lecture was both interesting and instructive. The Auxiliary then held a short business session, making plans for a Christmas party.

Mrs. M. C. Crandall, Publicity Chairman.

The Washington County Auxiliary had two regular meetings in October. The first meeting was devoted to work on City Hospital Supplies. The second meeting was a grand success as a public relation meeting and was held at the Washington Hotel. Out of town speakers were present. Interest in the Washington County Auxiliary has been very good this year.

Mrs. P. L. Hathcock, Publicity Chairman.

COMMITTEES FOR 1938-39

STANDING COMMITTEES

(Appointments expire with annual session of the year indicated.)

SCIENTIFIC WORK—R. B. Robins, Camden, Chairman (1939); Ralph Sloan, Jonesboro (1940); E. C. Moulton, Fort Smith (1941); W. R. Brooksher, Fort Smith (1941).

MEDICAL LEGISLATION—Joe F. Shuffield, Little Rock, Chairman (1940); L. J. Kosminsky, Texarkana (1940); S. J. Allbright, Searcy (1940); Euclid Smith, Hot Springs National Park (1939); Stanley M. Gates, Monticello (1939); M. L. Norwood, Lockesburg (1941); W. G. Eberle, Fort Smith (1941).

HEALTH AND PUBLIC INSTRUCTION—W. B. Grayson, Little Rock, Chairman (1940); A. M. Elton, Newport (1940); W. B. Bruce, Helena (1940); J. B. Jameson, Camden (1939); B. L. Ware, Greenwood (1939); E. J. Munn, El Dorado (1941); H. Fay H. Jones, Little Rock (1941).

MEDICAL EDUCATION AND HOSPITALS—W. G. Hodges, Malvern, Chairman (1939); J. W. Amis, Fort Smith (1941); Alan G. Cazort, Little Rock (1941).

PUBLIC RELATIONS—W. T. Wootton, Hot Springs National Park, Chairman (1939); S. C. Fulmer, Little Rock (1940); G. R. Siegel, Clarksville (1941).

MEDICAL ECONOMICS—J. G. Gladden, Harrison, Chairman (1940); T. O. Guthrie, Smithville (1940); W. Decker Smith, Texarkana (1939); A. F. Hoge, Fort Smith (1939); B. A. Rhinehart Little Rock (1941); F. A. Corn, Lonoke (1941); Paul Mahoney, Little Rock (1941).

SCIENTIFIC EXHIBIT—C. S. Moss, Hot Springs National Park, Chairman (1941); A. H. Hathcock, Fayetteville (1940); Geo. V. Lewis, Little Rock (1939); E. H. White, Little Rock (1940).

AUXILIARY—W. H. Mock, Prairie Grove, Chairman (1941); Hoyt R. Allen, Little Rock (1940); Don Smith, Hope (1939).

NECROLOGY—L. T. Evans, Batesville, Chairman (1941); E. E. Barlow, Dermott (1940); Thos. Douglass, Ozark (1939).

CANCER CONTROL—Fred H. Krock, Fort Smith, Chairman (1940); J. S. Stell, Hot Springs National Park (1939); L. M. Smith, Russellville (1941).

SPECIAL COMMITTEES

MATERNAL AND CHILD WELFARE—S. A. Thompson, Camden, Chairman; Clyde D. Rodgers, Little Rock; G. D. Murphy, El Dorado; J. H. Sanderlin, Little Rock; J. T. Matthews, Heber Springs; J. O. Rush, Forrest City; P. H. Phillips, Ashdown; J. H. Fowler, Harrison; C. A. Archer, DeQueen; W. G. Klugh, Hot Springs National Park; Earle H. Hunt, Clarksville; S. P. McConnell, Booneville; L. H. McDaniel, Tyronza; I. F. Jones, Fort Smith; W. A. Snodgrass, Jr., Warren.

HEART—A. A. Blair, Fort Smith, Chairman; A. G. Sullivan, Hot Springs National Park; Alan A. Gilbert, Fayetteville.

CONTROL OF SYPHILIS—D. W. Goldstein, Fort Smith, Chairman; Louie G. Martin, Hot Springs National Park; O. C. Melson, Little Rock.

POSTGRADUATE STUDY—D. A. Rhinehart, Little Rock; Chairman; Joe F. Shuffield, Little Rock, Secretary; W. W. Verser, Harrisburg; E. L. Watson, Newport; M. C. John, Stuttgart; E. E. Barlow, Dermott; D. E. White, El Dorado; H. E. Murry, Texarkana; G. A. Hebert, Hot Springs National Park; H. E. Mobley, Morrilton; J. F. John, Eureka Springs; C. T. Chamberlain, Fort Smith; S. C. Fulmer, Little Rock; M. J. Kilbury, Little Rock; H. W. Hundling, Little Rock; Jerome S. Levy Little Rock.

STUDY OF MIDWIFERY—H. T. Smith, McGehee, Chairman; Fount Richardson, Fayetteville; M. C. Hawkins, Jr., Searcy; J. M. Lemons, Pine Bluff.

LIASON WITH ARKANSAS TUBERCULOSIS ASSOCIATION—A. C. Shipp, Little Rock, Chairman; H. A. Stroud, Jonesboro; Guy Hodges, Rogers.

SURVEY OF NEED AND SUPPLY OF MEDICAL CARE—A. S. Buchanan, Prescott, Chairman; S. W. Douglas, Eudora; C. G. Hinkle, Batesville; R. R. Kirkpatrick, Texarkana; M. E. McCaskill, Little Rock.

HISTORY OF ARKANSAS MEDICAL SOCIETY—Frank Vinsonhaler, Little Rock, Chairman; M. L. Norwood, Lockesburg; E. F. Ellis, Fayetteville; Robert Caldwell, Little Rock; W. T. Wootton, Hot Springs National Park; H. Moulton, Fort Smith; J. M. Lemons, Pine Bluff; E. E. Barlow, Dermott; D. A. Rhinehart, Little Rock; W. H. Mock, Prairie Grove; L. J. Kosminsky, Texarkana; F. O. Mahony, El Dorado; M. E. McCaskill, Little Rock; Geo. B. Fletcher, Hot Springs National Park; O. J. T. Johnston, Batesville.

BOOK REVIEW

Doctor Bradley Remembers. By Francis Brett Young. Pp. 522. Price $2.75. New York: Reynal and Hithcock, 1938.

This is another of the numerous stories to come out of England concerning a doctor's life. The story is told in a manner of Dr. Bradley musing in front of his fireplace, over the past fifty years of practice. He has seen many controversies over different theories in his lifetime, the greatest being the ones of Lister and Pasteur. He has also seen the Unemployment Insurance Bill passed and become a law of England. I do not understand why all the stories concerning doctor's lives, taking place in a mining country of England, must be placated with many drunks as well as dope fiends. It certainly is not true of this country and I doubt very much it being true of England. Dr. Bradley is selling his practice to a younger man, which seems to be the policy in England, although we see very little of it in America. There is a great deal of room for thought as the pages of history are turned in his mind, but I do not understand why the author could not paint a more truthful and altruistic life of one who has spent his life in relieving the ills of others. Some might call it stark reality, but I am more inclined to believe that the author has allowed his imagination to float out into the abyss of uncertainty.

Doctors, I Salute. By Emilie Conklin. Pp. 92. Price $1.00. Winona Lake, Indiana: Light and Life Press 1938.

The author with an experience of many years as a social worker has a profound admiration of physicians and dedicates this book of 72 poems to the profession. They are principally related to the art and science of medicine and doctors will find the book most interesting. It will be a happy addition to the reception room table.

Human Pathology. By Howard T. Karsner, M. D., Professor of Pathology, Western Reserve University, Cleveland, Ohio. Fifth Edition. 18 illustrations in color and 443 in black and white. Pp. 1013. Price $10.00. Philadelphia and London: J. B. Lippincott Company, 1938.

It is a healthy sign in medicine when a basic text-book as a pathology has to be revised in three years. Karsner's fifth edition has followed the general outline of the previous ones. In this reviewer's opinion the sections on cardiovascular disease and that on the hematopoietic system are greatly improved. The references have also been reworked and are quite up-to-date and complete. This book will find a ready sale among the general practitioners of America because of its attention to details and the following of the pathological processes to their end.

Surgical Pathology: By William Boyd, M. D., LL. D., M. R. C. P. Ed., F. R. C. P. Lond., Dipl. Psych., F. R. S. C., Professor of Pathology, University of Toronto. Fourth Edition, Thoroughly Revised. 886 pages with 476 illustrations and 15 colored plates. Philadelphia and London: W. B. Saunders Company, 1938. Cloth, $10.00 net.

The fourth edition of this well known work differs from the previous edition in including an introductory chapter previously present in the first two editions as well as in the addition of considerable new material such as glomus tumors, pathology of the intervetebral discs, regional ileitis, lymphogranuloma inguinale, parathyroid tumors, Hashimoto's disease, and special ovarian tumors as granulosa cell tumors and arrhenoblastomas.

For the most part the subjects discussed are treated along generally accepted ideas. However, a number of the criticisms directed against the third edition of this work still apply. For instance, the definition of a fistula as being "a passage connecting a skin with a mucous surface" (p. 66). Under these limitations the common usage of the terms gastrocolic fistula, bronchoesophageal fistula, or arterio-venous fistula is incorrect. The statement that "the clinician is justified in regarding a case as Addison's disease, but to the pathologist the autopsy specimen merely represents tuberculosis of the adrenals" does not agree with the finding of many observers of a non-tuberculous cause for this condition (p. 219). The production of mucous by adeno-carcinoma is still described as "colloid degeneration" (p. 167).

The statement that peptic ulcer is more common in the stomach than in the duodenum (p. 262) is in complete disagreement with the opinion of American clinicians and surgeons. The discussion of chronic appendicitis (p. 334) is excellent. It is difficult to reconcile the sentence (p. 697) concerning the anterior pituitary lobe; "* * * and yet an extract of this part is absolutely without any physiological effect" with this sentence on the same page: "Evans of the University of California has shown that the injection of fresh anterior lobe extracts into young rats greatly hastened their growth, and indeed led to an experimentally produced gigantism," as well as with the recent work concerning the gonadotropic activity of anterior lobe extracts.

Generally the book is readable and well illustrated and serves more as an introduction to pathological conditions encountered in surgery rather than a reference work.

Standards for the Diagnosis and Treatment of Cancer. By the Executive Cancer Committee of the Iowa State Medical Society. Pp. 168. Iowa City: Athens Press, 1937.

The committee has aimed in this book to compactly present the essential facts of cancer for the guidance of the general practitioner, stimulating him to an earlier diagnosis of cancer. We feel that the committee has well fulfilled its mission.

A Textbook of Gynecology: By Arthur Hale Curtis, M. D., Professor and Chairman of the Department of Obstetrics and Gynecology, Northwestern University Medical School; Chief of the Gynecological Service, Passavant Memorial Hospital, Chicago, Illinois. Third Edition, Reset. 603 pages with 318 illustrations. Philadelphia and London: W. B. Saunders Company, 1938. Cloth, $7.00 net.

This is a well prepared text on gynecology. It is clearly and concisely written. The first section is devoted to gynecological anatomy and is an excellent review of that subject. The illustrations are numerous and unusually good which makes it easier for the student to understand the subject under consideration. The section devoted to the endocrines is well adapted for teaching purposes. It deals principally with the known or accepted modes of diagnosis and treatment and little space is given to theory. The rest of the book covering the entire field of gynecology is taken up somewhat briefly, but in a manner well organized and easily understood by the student.

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A Textbook of Bacteriology. By Thurman B. Rice, A. M., M. D., Professor of Bacteriology and Public Health at the Indiana University School of Medicine. Second Edition, Revised. 563 pages with 121 illustrations. Philadelphia and London: W. B. Saunders Company, 1938. Cloth, $5.00 net.

This book is in a second edition with such changes as omission of bibliography, and discussion of several new subjects, one of which is sulfanilamide therapy. It is an excellent text for the subject material is concise, clearly written and correlates bacteriology with the practice of medicine.

Cancer of the Breast and Cancer of the Uterus. By Marion Ellsworth Anderson, M. D., Clinton, Iowa. Privately printed. PP. 63.

This is a sketchy little compend giving the author's ideas on the subjects. While in general accord with present-day trends, the author takes the lonely position of minimizing the value of radium therapy in carcinoma of the cervix uteri.

The 1937 Yearbook of Radiology. Edited by Charles A. Waters, M. D., Associate in Roentgenology, Johns Hopkins University; Whitmer B. Firor, M. D., Assistant in Roentgenology, Johns Hopkins University, and Ira I. Kaplan, B. Sc., M. D., Director, Division of Cancer, Department of Hospitals, City of New York. Pp. 503. 550 illustrations. Price $4.50. Chicago: The Yearbook Publishers, 1938.

The usual high standard of this volume has been consistently maintained. The most significant contributions to the year's literature are included with concise editorial comment. This book is considered required reading for every radiologist.

Medical State Board Questions and Answers: By R. Max Goepp, M. D., Formerly Professor of Clinical Medicine in the Graduate School of Medicine, University of Pennsylvania; Formerly Assistant Professor of Clinical Medicine, Jefferson Medical College; Formerly Assistant Visiting Physician, Philadelphia General Hospital; Formerly Professor of Medicine, Woman's Medical College of Pennsylvania. Seventh Edition, Revised. 644 pages. Philadelphia and London: W. B. Saunders Company, 1938. Cloth, $5.50 net.

Goepp's "Medical State Board Questions and Answers" has been a favorite review of the basic medical studies, among students and practitioners alike, ever since its first publication thirty years ago. Its greatest value will be afforded those men who wish to review for various medical examinations of one type or another. To the student it is an excellent summary but not a thorough review.

The new 1938 Edition is entirely remade, containing the latest questions and answers. Entirely revised sections include Practice of Medicine, Therapeutics, Surgery, and Gynecology. Entirely new additions include material on Cardiology, Vascular Diseases, Endocrine Preparations, Diabetes, Vitamins, typing Serum Therapy in Pneumonia, and a whole chapter on Medical Jurisprudence.

Symptoms of Visceral Disease. By Francis Marion Pottenger, A. M., M. D., LL. D., F. A. C. P., Medical Director, Pottenger Sanatorium and Clinic for Diseases of the Chest, Monrovia, California. 442 pages. Price $5.00. St. Louis: The C. V. Mosby Company, 1938.

There is an ever growing need amongst clinicians for a more thorough understanding of the mechanism of production of visceral pain. Consequently, an authoratative treatise on this subject is in demand. For this reason your reviewer hesitates not to be enthusiastic about a monograph on this subject which is now enjoying its fifth edition. A careful perusal, however, which has been rather a laborious task, has left him with the impression that the author has borrowed too heavily from current treatises on physiology and neuro-anatomy in terms of text as well as diagrams. This act in itself is not only legitimate but well justified, provided the borrower produces a work which makes amends so to speak in terms of originality of style or manner of presentation. In the present instance no such compensation for lack of originality can be found.

The text is divided into three parts, the first being devoted to a description of the structure and function of the vegetative nervous system; while the second section contains a discussion of the relationship between the vegetative nervous system and symptoms of visceral disease; the third part has to do with the nature of the innervation of the viscera and the viscerogenic reflexes.

Physicians may find this book a useful reference work —that is if they have not at their disposal a current text on physiology or neuro-anatomy.

Feminine Hygiene in Marriage. By A. F. Niemoeller, A. B., M. A., B. S., Author of American Encyclopedia of Sex, Men Past Forty, etc. With Foreword by Winfield Scott Pugh. Pp. 155, 6 illustrations. Price $2.00. Harvest House, 1938. New York.

This is a very excellent short treatise on feminine Hygiene. It is written in a most interesting manner. The book is not only a valuable short treatise scientifically, but is instructive to the layman. It is seldom that you see a book which covers the subject so thoroughly and yet so instructively.

WAGE AND HOUR LAW

Dr. W. R. Brooksher
610 First National Bank Building
Fort Smith, Arkansas
Dear Doctor Brooksher:

Mr. Andrews has asked me to answer your letter of October 17.

The employees of practicing physicians would not appear to be entitled to the benefits of the Act which applies only to employees "engaged in commerce or in the production of goods for commerce." This opinion applies, of course, only to the employees of physicians practicing independently and not to employees of a physician regularly employed by a company engaged "in commerce or in the production of goods for commerce."

Very truly yours,
For the General Counsel
By Rufus G. Poole
Assistant General Counsel

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REFRACTION*

L. GARDNER, M.D.
Russellville

In this paper I would like to discuss some of the difficulties which arise in everyday practice. All of us, I feel sure, have many such problems in mind but hesitate to bring them up for comment, thinking them too commonplace and trivial. Attention to trivial details and commonplace matters is, I believe, essential to good refraction. A gathering such as this seems to be just the place for a frank interchange of ideas and experiences. I would like to bring before you certain problems which have caused me difficulty and discuss their possible solution. I hope you will do likewise, for from such an interchange of ideas I always go home the richer.

Refraction is too often relegated to the background in discussions of ophthalmic practice; yet it constitutes at least 75 per cent of the average practice. From good refraction we may have as many satisfied patients and create as favorable an impression as from anything else we do. Refraction is one of the mainstays of our practice, and well repays the care and time spent on it.

Originally refraction, as used by the profession, meant "fitting glasses," but the subject has grown until it now includes the study of the optical defects in the lens system of the eye, the improper functioning of the mechanism of accommodation, the errors in the coordination of the external muscles of the eye which move the globe, and the differences in the size and shape of the ocular images. In addition to the study of the eye and its appendages, attention must be given to the general health of the patient, since no one organ can be entirely dissociated from the rest of the system.

The object of refractive procedure is to correct the defects of the eye as far as possible and to induce the cooperation of all of its parts in order to produce normal, comfortable vision. It is necessary for the eyes not only to see, but to see comfortably. We prescribe glasses to protect the eyes, afford comfort, and give the patient the greatest possible visual acuity.

In refraction the first step is to take an accurate, thorough and painstaking history in every case. In summing up the symptoms for the relief of which the patient presents himself, there is no more outstanding among the chief complaints than headache. The ophthalmologist is called upon daily to rule out or confirm eye anomalies as the source of headaches. Besides those common causes of headache associated with acute inflammatory diseases of the eye, such as phlyctenular keratitis, iridocyclitis, and acute glaucoma, all of which are easily recognized, there are many others which are not so apparent upon first examination. Latent hypermetropia, muscular imbalances and prodromal glaucoma are examples of such. It is imperative, therefore, in all cases to make a thorough and systematic examination, including complete refraction with and without cycloplegic, and a careful estimation of the muscular imbalances before one can safely rule out eye anomalies as the source of headache. Many individuals go through life with high degrees of refractive error without any symptoms of eyestrain. Myopic patients seldom complain of eyestrain because the ciliary muscles are usually underdeveloped, hyperopic ones generally do sooner or later, especially if much close work is required of them.

If a headache has no relation to close work, but is independent of it, the symptoms should be suspected to be of extra-ocular origin. If, however, the headaches have a definite relation to the use of the eyes, and a complaint of dizziness is added, then a refractive error and a muscular imbalance should be suspected as the probable underlying cause. It is best not to prescribe glasses without an examination of the ears, nose, nasal accessory sinuses, throat and teeth.

Headache in children is seldom of ocular origin. One should request a general physical examination by the pediatrician or family physician before glasses are prescribed. When patients over forty years of age complain of headache one should think of prodromal or incipient glau-

* Read before the Section on Opthalmology and Otolaryngology, 63rd Annual Session, Arkansas Medical Society, Texarkana, April 19, 1938.

coma as a cause. Frequently we overlook this condition in spite of the great amount of literature that has recently been written on this subject.

The examination of the eyes should include the external examination, including lids, lacrymal sac, pupils as to size and reaction to light, checking reaction of eyes separately. When the pupil is large you may suspect myopia or glaucoma. We should check the reaction to convergence and the movements of the eyes, using the screen or cover test for the beginning strabismus. Take the visual acuity and make your ophthalmoscopic examination.

Check the muscle imbalances by use of the rotary prisms. I check the muscles with and without correction for distance and near point. Should there be a horizontal muscle imbalance beyond the normal limits I resort to muscle exercises. Should I find a vertical muscle imbalance which is not corrected by glasses and the elimination of horizontal imbalance I then incorporate prisms in the lenses as I find the vertical muscle imbalances do not respond very readily to exercising.

The question arises, "Shall I use a mydriatic"? I suggest the use of a mydriatic whenever possible. The chief objection to a mydriatic has been the long duration and interference with work or study, but with the recent use of Benzedrine (amphetamine) this has been minimized. When using hom-atropine and Benzedrine (amphetamine) you may examine the same day, the patient may be able to do close work the following afternoon and the post-mydriatic examination may be made after two days. With atropine and Benzedrine (amphetamine) you may make the examination one hour after last instillation and in four or five days a child may return to school. It is usually more convenient to wait a week to do the post-mydriatic examination in these cases. The following is my method in the children and up to the age of sixteen: Put one drop of 1% atropine in each eye, wait five minutes and put one drop of 1% Benzedrine (amphetamine) in the eye, wait five minutes and repeat one drop of 1% atropine. When I wish a mydriatic for the adult I use one drop of 5% hom-atropine in each eye, wait five minutes and drop one drop of 1% Benzedrine (amphetamine) in each eye, wait five minutes and repeat a drop of 5% hom-atropine in each eye. The examination may be made in one hour after the last instillation. In routine examination I use the ophthalmometer: (1) for children with a high degree of astigmatism, to help confirm observations on the strength and axis of the cylinder; (2) in troublesome cases in which the condition is obscure or doubtful, in which I wish all the information obtainable; (3) in a routine examination of the eyes to decide whether or not a refraction should be done; (4) for the psychologic effect of the instrument on the patient; (5) to differentiate between corneal and lenticular astigmatism, and (6) determine a doubtful axis in cases in which event with astigmatism of 0.5D the axis varies from 90 to 180 degrees in the cycloplegic and postcycloplegic tests.

The next step is to adjust the trial frame carefully on the face of the patient, using the outer canthi for a base line, before beginning the retinoscopic examination. Different distances may be used in the retinoscopic test; one meter, 26 inches or twenty inches. If one meter is used I add —1.00 to the findings, if 26 inches is used I add —1.50 to findings or if 20 inches is used I add —2.00 to the findings. The advantage of using 26 inches is the nearness to the patient, and the ease with which lenses can be placed in the trial frame.

The interpupillary distance should be taken with the utmost care. Next I place and adjust the phoroptor, with the retinoscopic findings in it before the patient's eyes and begin diminishing the sphere until I have attained the highest possible visual acuity for distance. When patient has reached visual acuity of 20/20 then I begin the refraction in earnest, trying to improve vision from this point, using cross cylinders. I always strive to keep the patient from becoming fatigued. I wait until the effect of the mydriatic has past and do the post-mydriatic examination.

The presbyope who has not worn glasses presents another problem which requires most painstaking examination. If this patient has never worn glasses the accommodation has been overdeveloped and I believe the best results may be obtained with the use of a mydriatic.

A hypermetropic who has reached the presbyopic stage should be refracted with the greatest care, giving him the strongest plus lens which will afford clear distant vision and add the smallest additional amount of plus possible for the near point. This patient will still be able to use some of the accommodation and will be much happier than if too much correction is added for the near point.

The patient who returns dissatisfied presents a difficult problem because he is likely to be improperly handled. The fact that he returns complaining or still uncomfortable implies that per-

haps a mistake or an error in judgment has been made. It is natural for the examiner, after a most painstaking and thorough examination, to resent this implication, and it is difficult to receive such a patient properly. That the patient returns is a compliment, in that it implies he still believes the ophthalmologist can help him and is offering the ophthalmologist another chance if he will take it. We should receive him with good grace and disarm him by a pleasant willingness to try and set matters right. We should really be glad that he returns for often something needs adjusting. A slight adjustment of the frame may be necessary for comfort, there may be an error in the manufacture or something in the prescription or findings may not check. After the ophthalmologist has received the patient diplomatically it is relatively easy to correct anything found amiss. These cases are not common, so that when they do occur one can well afford to recheck the findings completely in search of some unusual factor or overlooked detail. The only remedy for an oversight or error is to recognize and correct it. If after a careful recheck everything seems all right, the patient is usually willing to persist with the treatment for he has been tactfully received and feels that you have his welfare at heart.

In conclusion, in doing refraction one must consider the relationship between general medical, sociologic, neurologic and ophthalmologic aspects of the patient. The intristic characteristics of the various types of eyes should be understood, and it should also be understood that anisometropic eyes are essentially irritable. A knowledge of the normal and abnormal accommodative states is essential. The problem of imbalance of the extra-ocular muscles can be clarified by a more refined differential diagnosis. This process also simplifies the application of treatment. In the treatment of imbalance, proper refractive correction is the first, and often the only step necessary. Surgical treatment should be selective, and such selection is greatly aided by careful differential diagnosis.

DISCUSSION:—L. H. LANIER, TEXARKANA

Physicians doing refraction in this section of our country have never been able to educate the laity concerning the importance of a thorough examination of the eyes by a competent eye physician before glasses are prescribed.

A physician doing general practice should not be satisfied to have one of his patients with organic heart or brain disease treated by a druggist, or for that matter, he would object to the druggist prescribing for any organic disease of any character. Yet, the druggist is more competent to do so than are non-medical men who prescribe glasses for sick eyes. In this state the general practitioners are getting a taste of what prostate gland, and cancer quacks can do through uncontrolled, untruthful advertising in newspapers and over the air Ophthalmologist have submitted to it for "lo" these many years. Why can not something be done in Arkansas, as in many other states to suppress this evil?

Mr. Deisch. Attorney for the Arkansas Medical Society, says it is possible to obtain legislation to correct the evils mentioned. May we all co-operate in securing these much needed measures.

You will please pardon the digression in this discussion.

Inferior lenses may run into the fifth or sixth grade class. It is doubly bad to obtain such lenses, and not obtain a correct refraction of the eyes.

Allow me to say Dr. Gardner has presented a worthy paper.

RESOLUTION

Whereas, God in His infinite wisdom has taken from us our colleague and fellow member, Dr. J. A. Luckett; and,

Whereas, Dr. Luckett was endeared to us for his devotion to the high principles of our profession, his passing has left a place in our Society and in the hearts of his patients which cannot be filled. No man was too great nor too small to be his friend;

Therefore, be it resolved by the Mississippi County Medical Society, in session assembled, that we extend our sincere sympathy to Mrs. Luckett and members of her family in her great loss;

Be it further resolved, that we send a copy of this resolution to Mrs. Luckett, a copy to the press, and that a copy be spread on the minutes of the Society.

T. K. MAHAN
THOS. F. HUDSON
N. B. ELLIS

CONSTITUTIONAL AMENDMENTS
Second Publication

The following amendments to the Constitution and By-Laws of Arkansas were proposed at the annual session in 1938 and are published here in accordance with the requirements of the Constitution affecting the adoption of amendments:

To amend Article IX, Section 2, to read as follows:

> "The President-elect, the Vice-president, the Secretary, and the Treasurer shall be elected annually, each to serve a one-year term. On the expiration of his term as President-elect, that person shall automatically succeed to the Presidency and shall serve as President for the ensuing year. Each year five Councilors shall be elected, each to serve a two-year term. All officers shall serve until their successors are installed."

To amend Chapter IV, Section 2 of the By-Laws, where it states "thirty days prior to the annual meeting" to read "March 1st."

THE COMBINED USE OF CHEMOTHERAPY AND ARTIFICIAL FEVER IN THE TREATMENT OF NEUROSYPHILIS

FRANK M. ADAMS, B.S., M.D.
Hot Springs National Park

The proper therapeutic management of the patient with neurosyphilis is a vast and unsettled medical problem. In any given locality it would be unusual to find any two physicians who would manage the same patient in an identical manner. This is not surprising since the therapy of this disease is everchanging. At this time it is impossible to say what is the best way of treating patients with syphilis of the central nervous system. Certain general principles have been advanced by the leading syphilologists of the world, but even among these there is a great deal of disagreement.

The most conscientious treatment of syphilis, even in the early stages of the disease, will not prevent the development of neurosyphilis in from three to five per cent of patients. From ten to fifteen per cent of untreated patients may be expected to develop some clinical manifestation of late neurosyphilis. It is believed that in early syphilis, the incidence of abnormal spinal fliuds is increased by inadequate, irregular treatment.

It is an old observation that most foreign substances introduced into the blood stream do not penetrate into the central nervous system at all, or only in small quantities. The meningeal-choroid plexus barrier keeps such substances out. Unfortunately, this barrier does not prevent the passage of the spirochete of syphilis, but does exclude our antiluetic drugs from penetrating into the central nervous system except in very low concentration. Assuming that it is desirable to increase the concentration of arsenic in the cerebrospinal fluid in the treatment of neurosyphilis, this may be accomplished by a variety of methods, among which are the production of fever in the patient, the subdural injection of various irritants, spinal drainage, and others (1).

Our therapeutic attack on certain patients with neurosyphilis during the past eight months has included, in addition to the usual antiluetic drugs, the intraspinal administration of arsphenaminized serum and the production of artificial fever by mechanical means.

The use of heat in the treatment of syphilis dates back to the middle of the sixteenth century. Sometimes thick blankets, steam cabinets, and hot baths were used alone; more often these were employed in conjunction with drugs, especially mercury (2). Fortunately, Wagner-Jauregg (3) in 1887 made the important observation that patients with various psychoses, including paresis, sometimes improved after a febrile illness. After the use of many fever-producing agents, he in 1917 deliberately inoculated paretic patients with tertian malaria with striking results. The value of malarial therapy in neurosyphilis can be no longer questioned as an agent of extreme importance.

Naturally, when other methods of producing fever came into clinical use, the question was raised as to whether it was the fever alone or some specific effect of malarial fever that caused the improvement. This controversy has not been settled. There are those that still claim malaria to be the best form of fever in the treatment of neurosyphilis, such as Moore (1), O'Leary (4), Freeman (5), and others. On the other hand, there are investigators, among whom are Neymann (2), Bennett (6), and Simpson (7), who are convinced that it is the fever factor alone that has the favorable influence on these patients.

To those who have employed malarial therapy in neurosyphilis, its many disadvantages are obvious. Most important of all is a mortality rate variously estimated from five to twenty per cent. Adequate inoculation is often difficult to obtain, particularly in southern people who sometimes have a tremendous resistance to malaria as a result of previous attacks. A source of malaria is frequently not available when the physician wishes to inoculate a patient. Malarial treatment requires a variable period in a hospital with good nursing care, and its febrile excursions are often difficult to predict or control. Malarial therapy has the big advantage of having been used for twenty years, and it has stood the test of time.

Fever produced mechanically offers several advantages over malarial therapy. Electropyrexia requires no hospitalization period. Fluctuation in temperature can be controlled within small limits. Potent drugs can be employed during the actual production of fever. The danger of a fatality is considerably lessened. Its chief disadvantages are that its use is expensive, its correct operation requires a trained technician, and most important of all, it is a relatively new therapy and enough time has not yet elapsed for a long-period, follow-up study of patients treated.

However, the production of artificial fever in humans by mechanical means can no longer be considered as an experimental procedure. A tremendous volume of literature has accumulated

during the past few years regarding its therapeutic worth. Neyman (2) has made a critical review of the clinical results obtained in paresis by the use of electropyrexia as compared with those of malarial therapy. The following table gives some idea of the result to be expected with different methods of treatment in paresis:

Treatment	No. Cases	Complete Remissions	Incomplete Remissions	Mortality within 4 yrs. of onset
None	1300 (Raynor) (8)	3-5%	5-15%	80%
Routine	500 (Furman) (9)	3-5%	15-25%	60-70%
Malaria	3079 (Moore) (1)	30-40%	30-40%	5-10%
Electropyrexia	975 (Neymann) (2)	27%	36%	2%*

* Immediate mortality.

These results would seem to indicate that it is the fever factor alone instead of some vague biochemical effect that causes improvement where malaria is used in the treatment of neurosyphilis.

The exact manner in which fever acts to benefit those affected with neurosyphilis in unknown. Theories of amboceptor formation, increased permeability of the meninges, and increased response of the reticulo-endothelial system have been advanced in order to explain the favorable clinical results (2). Paulian (10) has shown that whereas normally the arsenicals penetrate to the cerebrospinal fluid only in traces, in patients who are given malarial therapy there may be as much as 2 mg. of arsenic per liter of cerebrospinal fluid four hours after the injection of 0.3 Gm. of neoarsphenamine. A direct destruction of the spirochetes in the central nervous system by the temperature obtained in humans is certainly not the answer. Neymann (11) has shown that fever alone can destroy surface spirochetes, such as are found in chancres and secondary skin eruptions, but that organisms present in the lymph nodes are still viable. All cases of early syphilis treated by fever alone without the use of antiluetic drugs have shown both clinical and serologic relapse.

The clinical results of the combined use of chemotherapy and fever is entirely different from that obtained from the use of fever alone. Of considerable interest to those concerned with the treatment of syphilis is the work of Neymann (11), who used combined heat and neoarsphenamine in the treatment of seven cases of primary and secondary syphilis. Using an average of five sessions of fever and five injections of neoarsphenamine, he was able to obtain complete serologic and clinical cure for periods of from five to eighteen months. A direct quotation from Neymann's article is as follows: "It is probable that the syphilitic virus can be eradicated from all parts of the human body by the simultaneous use of high fever, arsphenamine and bismuth compounds." This principle is the foundation of the present regime that we use in the treatment of neurosyphilis.

In addition to the combined use of fever therapy and arsphenamine, we have employed the subdural injection of arsphenaminized serum in the treatment of some of our neurosyphilitic patients, especially those with predominant tabetic manifestations. The value of this procedure is held in varying esteem by different clinicians. The theoretical explanation of the benefit derived from this therapy is that there results an aseptic meningitis due to the irritating effect of the blood serum with a resulting increased meningeal permeability (1). The small amount of arsenic contained in the serum probably plays no significant role. This method of treatment is generally advocated in most syphilis clinics in cases of tabetic optic atrophy and in those patients suffering from severe lightning pains. My senior associates have had an extensive experience with intraspinal injections in these patients and are convinced that subdural therapy has a place of merit in the treatment of neurosyphilis.

During the past eight months we have given fifty patients with various diseases a total of 256 hypertherm treatments. There have been no fatalities. Severe reactions have been conspicuous by their absence. Only one patient has been removed from the cabinet before the termination of the anticipated treatment, and this person was a very highly nervous woman who has since taken a total of eleven treatments without difficulty. Intravenous glucose has been used only once, and this was done because of a threatening peripheral vascular collapse near the finish of the treatment.

Of the fifty receiving fever therapy, eighteen have been treated for some form of neurosyphilis. These eighteen patients have received a total of 105 sessions of fever (a total of 420 hours of fever ranging between 104.5 and 106 degrees Fahrenheit). The average patient has received only twenty-three hours of fever. This we do not consider an adequate amount of fever in the treatment of neurosyphilis. Simpson (7) has obtained the best results in the treatment of paresis by giving a total of fifty hours of fever ranging between 105 and 106 F. All of our patients have the understanding that fifty hours of fever

is our therapeutic goal. To date only two patients with neurosyphilis have completed what we consider a sufficient number of hours in the fever machine.

The combination of fever, arsphenamine, and intraspinal injections has been employed in the majority of our neurosyphilitic patients. One patient with paresis received only fever and arsphenamine. Because of a sensitivity to the arsenicals, two patients have been treated with fever and mercury. The average patient receives 0.4 Gm. of arsphenamine intravenously at the height of the fever treatment (two hours after the temperature has reached 104.5 F.). If he is to receive an intraspinal injection, forty to fifty cubic centimeters of blood are withdrawn after the injection of the arsphenamine. The following day the spine is punctured and the arsphenaminized blood serum is administered according to the technic of Swift and Ellis (12).

An interesting observation has been that the patient tolerates the arsphenamine injection very well during the fever treatment, and no serious reaction to the drug has been observed. In fact, in our patients, reactions occur less frequently than when the drug is given at normal body temperature.

Our eighteen patients with neurosyphilis in this series have been classified as follows: paresis 5, tabo-paresis 2, tabes dorsalis 3, meningo-vascular neurosyphilis 5, asymptomatic neurosyphilis 3. All five of the paretics have shown clinical improvement. One of the two patients with tabo-paresis has not yet improved enough to return to his former occupation. One of the three patients with tabes has been classified as unimproved. This patient was an elderly female with advanced neurological destruction of many years duration whose fever therapy was stopped after two treatments because of her poor general physical condition. Of the five patients in the meningo-vascular group, two already had neurological evidence of upper motor neuron paralysis before the commencing of treatment, and even though no new paralyses have appeared, the original muscle spasticity has remained unchanged by treatment None of the three patients in the asymptomatic neurosyphilis class has developed objective evidence of neurological disease, even though none has yet obtained a consistently negative spinal fluid serology.

Excluding the three patients with asymptomatic neurosyphilis, 73 per cent of the fifteen remaining patients with demonstrable clinical evidence of disease of the central nervous system have shown definite improvement.

In twelve patients comparison is possible between the serology of the spinal fluid before and after treatment with fever therapy. Six have shown a definite improvement in the positivity of the Wassermann reaction, and the other six have shown no such improvement. It has been known for some time that serologic improvement is slow in appearing after any form of fever therapy. The maximal improvement in the serology of the spinal fluid can be expected to occur in from twelve to eighteen months after the completion of a course of fever treatments.

In marked contrast to the lack of serologic improvement in our patients have been the gratifying immediate clinical results. Since the majority of our patients have not yet received the recommended total of fifty hours of fever, and because the follow-up period has not yet been of a sufficient length of time, we are watching these patients with a very critical attitude lest we become too enthusiastic over the excellent results that we have obtained in certain patients.

Two case reports are briefly presented:

Case 1: This patient represents the result of the combined use of fever therapy and arsphenamine. The patient was a thirty-nine year old male, white, office worker who gave no history of primary or secondary syphilitic lesions. During a routine examination in 1927 a physician took a blood Wassermann test which was found to be positive. At this time the patient received one hip and two intravenous injections. Since then there had been no further antiluetic treatment. On August 24, 1937, this patient reported to the Clinic complaining of dizziness and inability to express himself in words. His memory had grown particularly poor and he was suffering from moderate frontal headaches. On his initial visit, his speech was tremulous and his articulation poor. Both pupils, especially the left, reacted sluggishly to light. The tendon jerks were generally hyperactive, and the Babinski sign was bilaterally positive. Blood Wassermann and Kahn tests were strongly positive (4). Spinal fluid Wassermann was strongly positive in all dilutions. He was started immediately on treatment consisting of weekly hypertherm sessions with 0.3 Gm. of Salvarsan given intravenously at the height of fever. After three such treatments his mental and cerebral symptoms had cleared to such an extent that he was able to return to his work feeling good. After eight consecutive fever treatments, both blood Was-

sermann and Kahn tests were negative. For the next three months he received only weekly intramuscular injections of bismuth. At the completion of the bismuth course, which was twenty weeks after the start of his treatment, his spinal fluid was negative in the smaller dilution (0.2 cc.) and moderately positive in 1.0 cc. In January and February of this year he has taken five additional sessions of fever, making a total of fifty-two hours. He has gained eleven pounds in weight, feels normal in every way, his speech is well articulated, and the only abnormal neurological finding on a recent examination was a non-reactive left pupil. Blood Wassermann and Kahn tests at this time are each weakly positive (1), and the spinal fluid is only moderately positive.

Case 2: This patient represents a result obtained by the combined use of arsphenamine, fever, and intraspinal therapy. The patient was a forty-eight year old, white, cafe manager who had a chancre and secondary skin eruption in 1909. At this time his treatment consisted of hot baths and an indefinite number of mercury rubs. He was pronounced cured and no further treatment was received. The blood was supposed to have remained negative until 1928 at which time it was found to be two plus. From 1928 until recently he had received a large number of intravenous and intramuscular injections. One year ago he had his first generalized convulsion, and numerous epileptiform seizures occurred during the following months. Five days before his first Clinic visit he had four convulsions in a period of four hours. In addition he complained of numerous, momentary attacks of motor aphasia and a dull constant occipital headache. His most recent treatment had been twenty-five consecutive weekly injections of neoarsphenamine. In spite of this intensive therapy, the irritative cerebral phenomena had grown more frequent and severe. On admission to the Clinic nothing unusual was found on physical examination. Blood Wassermann and Kahn tests were negative. Spinal fluid Wassermann was negative in 0.2 cc., 2 plus in 0.5 cc. and 3 plus in 1.0 cc. The patient was given six hypertherm treatments (a total of 24 hours of fever), six intravenous injections of arsphenamine at the height of the fever, and six subdural injections of arsphenaminized serum. The convulsions and aphasia ceased abruptly after the first fever treatment and did not return during the six weeks that he underwent treatment under our observation. On discharge, the spinal fluid serology was essentially the same as on initial examination. This patient illustrates an instance where the usual parenteral routine therapy was completely inadequate in checking the symptoms of the disease, and the addition of fever and intraspinal injections resulted in an almost miraculous clinical improvement.

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POLITICIAN OR PARASITE

Which are you? Many physicians are referred to by their brother physicians as medical politicians. Webster defines a politician as one versed in or devoted to politics. Politics is defined as the art or science of government. Are you devoting sufficient of your energies toward the success of your medical organization? Organized medicine always has labored for social good. Whether you like it or not the distribution of your services, your security, your part in the social fabric is all too rapidly becoming involved in the general policies of government. Organized medicine stands for your welfare as well as the welfare of the public. You may have been a parasite formerly living off the bounty of the fruits that medical science has garnered for humanity, but if you do not become active in your organization and active in governmental affairs generally, the whole of society, as well as you yourself, will suffer.—Henry A. Luce, M. D.

PNEUMOCOCCUS PNEUMONIAS AND TYPE SPECIFICITY

F. E. SCHMIDT, M. D.
Chicago

With the acceptance by the Council on Pharmacy and Chemistry of the American Medical Association and the recognition of its value by outstanding medical authorities of type specific anti-pneumoccus serum in the treatment of not only lobar, but of broncho-pneumonia as well, it is opportune that attention be given to recent advances in these diseases. Pneumonia ranks third in the causes of death, exceeded only by heart diseases and cancer. It is not only the most serious of the infectious diseases, because it annually kills from fifty to one hundred thousand people, but it is also the most treacherous because of the marked tendency to bacteremia.

It is now recognized that it is no longer essential to determine the anatomical diagnosis of the disease, but, rather, the early bacteriological cause. It is not only necessary to determine whether it is due to a pneumococcus, streptococcus or other organism, but equally important to know which of the thirty different types of pneumococci is present in each dose. Treatment is entirely type specific as far as serum is concerned. The homologus serum alone is beneficial.

Many types of therapeutic sera are now available, namely, Types I to 8, inclusive, and 12, 14, 18 and 19, and within a very short time all thirty types will be available. At any rate, the twelve mentioned types are present in better than ninety per cent of lobar pneumonias and approximately fifty per cent of bronchopneumonias. (The types are numbered from 1 to 32, inclusive, but recently Type 30 has been identified as identical to 15, and Type 26 to 6.)

For maximum results, early adequate dosage of serum is necessary. More recent studies indicate that even in late and in bacteremic cases serum nevertheless reduces the mortality rate fifty per cent, and should never be denied unless the patient is moribund or the serum is otherwise definitely contra-indicated.

Statistics reveal in one series of fifty cases of Type I treated in the first twenty-four hours —no deaths. In another series of hundreds of cases treated in the first forty-eight hours the mortality was considerably under five per cent, and rose to ten or fifteen per cent below the established rate in control non-serum treated cases—approximately thirty per cent.

The common cold and influenza frequently precede the onset of primary pneumonia, which is often abrupt and unmistakable. Diagnosis within the first, second, and third days after onset is possible in many cases. Some, or all, of the characteristic symptoms, such as chill, high fever, pain in the chest, rapid respiration, blood tinged sputum, are usually present in the first three days, and may suffice to establish the diagnosis. Confirmatory findings, such as physical signs, X-ray shadows, pneumococci in the sputum or in the blood, may make the diagnosis more definite. In any case, however, where the symptoms lead to the suspicion of a pneumococcus infection, a specimen of sputum should be sent immediately to a competent laboratory for typing. The number of units of anti-bodies required for successful treatment increases rapidly with each hour of delay, and in certain cases the greatest practicable amount of anti-body may not prove effective. More lives are saved with less serum when bacteriological diagnosis and serum therapy are promptly undertaken.

The admirable work done by Sabin in resurrecting the Neufeld phenomenon and in the development of Neufeld typing by Cooper and her workers has been an invaluable aid to early etiological diagnosis. These have definitely separated the thirty types of pneumococci and made it possible to rapidly determine each type from a good specimen.

Until recently, for several reasons, typing has been restricted to the types for which sera therapy was available, namely, Types I and 2, and possibly 5, 7, and 8. This is no longer adequate. With the refinement, concentration, and acceptance of the many additional therapeutic sera, it is now necessary to tell accurately and completely the type of each submitted specimen of sputum. It is equally important that the proper specimen be sent to the laboratory. The specimen must be material raised from the diseased area in the bronchioles or lungs. Saliva and nasal secretions are of no value because they may contain carrier types to which the patient is immune.

The thirty typing sera are furnished in groups lettered A, B, C, D, E and F, each of which contains several of the thirty specific types. This is time saving. In other words, to complete typing the technician should type with all the group mixtures first, and need subtype only in those found positive.

Neufeld typing consists of adding to various drops of sputum, individually, the thirty different

diagnostic sera. The positive identification is revealed when the capsule of the organism always present in virulent organisms is swollen when projected under the oil immersion lens. This swelling of the capsule depends on the thorough contact of the serum with the organism. Of more importance, however, is the definite outlining of this capsule, revealed by the staining with the methylene-blue contained in the typing sera. This outlining is of more importance than the amount of swelling. The amount of swelling is a relative matter and depends on the proper proportion of typing sera to the number of organisms present, time, and possibly other factors. The outlining is definitely accomplished almost immediately when proper contact of sera and organisms occur.

Recent reports reveal the necessity of complete, accurate, and thorough typing. While double infection, that is, of two or more types of pneumococci, is uncommon, it is not impossible to have two or more appear in one specimen. For that reason, one should not only type all of the groups, but subtype all of the numbers in any positive group, so that in case of failure with therapeutic serum, usually within twenty-four hours, we may re-type and attempt to determine whether or not we have treated the virulent type in the particular case.

There are various methods of concentrating the organisms found in the sputum by adding saline to the sputum, thoroughly emulsifying with glass beads and centrifuging. Others have revealed that where one originally suspected a pneumococcus infection and an original Neufeld typing of the sputum did not reveal the type, mouse inoculation and Neufeld procedure with the peritonal exudate of the mouse aided greatly in finding the proper typing. For this reason, it appears necessary that super-typing stations be established, conveniently located, to aid in a thorough, complete typing program. This is undoubtedly the first big step in the aid offered by the United States Public Health Service.

Recently the Bacteriological Department of the University of Oklahoma issued the following valuable summary made toward achieving complete statistics:

"1. We find the Neufeld method of typing to be highly satisfactory and accurate, especially when used in conjunction with mouse inoculation when a direct typing cannot be done. Along with other workers using the Neufeld method, we found the following things to be of importance in successful typing:

"(a) Clean, dry, sterile containers of clear glass with wide mouths, and no disinfectant added.

"(b) Time, of course, is an element where the life of a patient is concerned and, also, in getting specimens to the laboratory before overgrowth occurs, especially in warm weather.

"(c) Plenty of antibody must be used and thoroughly mixed in order to reach all organisms present in the specimen. This is especially true when only a few pneumococci are present. We use, roughly, a proportion of one part of specimen to sixteen parts of sera for the mixed group typing, and one part of specimen to four parts of sera for specific types in the groups. Consistent results cannot be obtained by using equal parts of specimen and sera."

Sufficient methylene-blue must be present, add more if faded, necessary for distinctive outlining.

"(d) In typing small children or infants it is best to use the method suggested by Vinograd and Park, namely, to tickle the back of the throat with a sterile swab, causing the child to cough, then twirling the swab in brain blood broth and incubating a few hours before typing is attempted. Wittes and Bullowa describe a method of gastric aspiration to attain pneumococci that have reached the child's stomach through swallowing the sputum.

"(e) In working with thick mucoid specimens in which the serum can not reach the organism, either wash the sputum thoroughly with saline and type the thinner wash, or dissolve the mucus, using the method of Rosenthal and Sternburg. They use a solution composed of borax, boracic acid, and hydrogen peroxide in water. This is added, a few drops at a time, to 1 to 3 cc. of sputum. The mixture is agitated with an applicator stick or by shaking. This is centrifuged and typed.

"(f) Be sure to get true sputum if at all possible, to avoid mouth or carrier strains."

The importance of proper gathering of sputum cannot be over-emphasized. Time spent by the doctor himself in obtaining a proper specimen is well spent. Remember, pneumonia is an emergency, and treatment depends on the early finding of the type of pneumococci involved.

"(g) Set up and examine all six groups for mixed infections. It is not necessary to examine all thirty-two types, but every type in a par-

ticular group that gives a positive swelling should be examined.

"(h) In case of cross agglutination or swelling in Types 3 and 8, titrate the reaction by diluting the typing sera and repeat the typings until only one type gives a positive reaction."

Type Incidence

The incidence rate of various types of pneumococci varies in different localities, in different years, and even in seasons. However, a compilation of data on many thousand cases shows that the type distribution in lobar pneumonia in adults is approximately

29% for Type I 2% for Type 6
15% for Type 2 6% for Type 7
12% for Type 3 8% for Type 8
5% for Type 4 3% for Type 14
7% for Type 5 1% each for Types 12 and 19,

leaving approximately 11% for other types. For these types, therapeutic sera of equal value are available.

The type distribution in children is quite different from that in adults. The incidence of Types 2 and 3 in children is extremely low, while 6, 14, 1, and 7, 12 and 19 are more frequently seen.

In atypical, or bronche-pneumonia, Types 3, 7, 1, 6 and 14 are more frequently encountered.

Serum Treatment

The necessary bacteriological diagnosis having been made, serum should be administered as soon as and as rapidly as possible, consistent with the tolerance of the patient, in adequate dosage. Before serum is given, certain precautions are necessary. Time being an element, anti-pneumococcus serum should be given intravenously. Certain dangers are to be avoided; the tolerance of the patient must be determined. It is therefore necessary to determine the nature, or quality, of any hypersensitivity. Such information can be obtained by means of:

1. hypersensitivity tests
2. personal or familial history of the patient. Regardless of the absence of demonstrable specific sensitivity of horse serum, patients giving a history of asthma, hay fever, etc., present an exceptional risk to intravenous injection of horse serum products. Similarly, those sensitive to horse emanations and those who have recently received horse sera in the form of various antitoxins may be hypersensitive.

In all events, it is necessary to perform a definite sensitivity test, either the conjunctival, or eye test, where a one to ten dilution horse serum is placed in conjunctival sac, or the intradermal, or skin test, in which the diluted serum is injected intracutaneously. It is necessary to wait a full twenty minutes, even a half an hour, for positive reaction to develop before regarding the test as negative. The conjunctival test is recommended rather than the intracutaneous, as it is believed that the latter is capable of indicating qualities of hypersensitivity which are rarely of clinical importance. Both tests may be used.

In event of doubtful reactions, where serum seems imperative, the injection of epinephrin, given exactly six minutes before the serum, has been thought to be helpful.

It is especially important when therapeutic serum is administered intravenously and even where intracutaneous tests are made to have a sterile epinephrin solution ready for instantaneous use in a syringe in case of an allergic reaction. Don't wait to load the syringe when the reaction, if any, occurs.

In addition to the necessary laboratory typing described previously, there are two other important laboratory procedures which should not be overlooked: One is the white blood counts. White blood counts should be made at least every twenty-four hours, and more often in severe cases. Presence of adequate leukocytes is a valuable aid in indicated prognosis. A leukopenia, that is a white cell count below seven thousand indicates a grave prognosis. Finding of toxic granules in blood is also unfavorable. A shift to the left in the differential Schilling count is unfavorable, and a return to the right a more favorable sign.

Third, but not least, of the laboratory procedures is the finding of bacteremias. Therefore, it is equally important that blood cultures be made daily, and more often in severe cases, because bacteremias indicate a maximum dosage of serum. Without serum treatment, it has been found that no less than twenty-five per cent will develop blood stream infections and complications. It is imperative that early blood stream invasion be discovered. This occurs more frequently on the fourth day and thereafter, but may, of course, occur at any time. Blood culture should be repeated until the patient is definitely convalescent.

Dosage: The amount of antibody needed for adequate treatment of any particular type of pneumococcus pneumonia is influenced by the age of the patient, presence or absence of bacteremia, duration of the disease, extent of pulmonary involvement, and other complicating factors such as pregnancy, etc. These conditions in-

dicate about double the dosage outlined below. A test dose of 10 to 20,000 units of horse serum is administered, approximately 5 cc., which, if tolerated by the patient is followed in an hour or an hour and a half by the estimated number of units indicated in the case to hand—approximately a total of 80,000 to 100,000 in Type 1; 150,000 to 200,000 in Type 2 and 3; and in other types about the same as in Type 1.

In the use of the newer rabbit serum, the serum is given in volume doses, no greater than indicated below:

Dose 1: 2 cc. taking 5 minutes for each cc.

Dose 2: 1½ hours later 5 cc., taking 2 minutes for each cc.

Dose 3: 2 hours later 15 cc., taking 1 minute for each cc.

Subsequent doses at 2 or 4 hour intervals—of 40,000 units until expected results.

In type 3 for which there never has been a potent horse antiserum produced, 200,000 units of rabbit serum are indicated from present statistics available. (Present indications are that rabbit serum will be of higher concentration, that is more units per cc. The molecule of antibodies is apparently smaller and possibly also more penetrating.)

Clinical improvement should be noticed within 24 hours. Treatment should be continued until the pulse rate is decreased, temperature falls, and beneficial effects are evident. If the clinical response remains poor after 48 hours of intensive treatment, another study of sputum and blood culture should be undertaken and purulent complications sought.

Outstanding in the research work and development of therapeutic serum has been the concentration and refinement of the antibody. This is making it possible to administer adequate dosage within a few hours, rather than a division of dosage, as formerly practiced over a period of twenty-four to forty-eight hours. It is now possible to give all of the necessary serum in the average case within relatively few hours; and with the safeguards thrown about modern serum therapy, with the precautions properly observed as above, a minimum of danger in the intravenous administration of serum exists. Anaphylaxis is rare indeed.

Serum reactions are of two types:

1. Thermal reaction, emphasized by chill and excessive rise in temperature. Under present methods of refinement these have almost entirely been eliminated; and at least are not serious. Thermal reactions are not favorably influenced by epinephrin. When they occur, wait for or help subsidence and do not increase dose next time.
2. Allergic reactions are of two types, immediate and delayed. The former are revealed by flushing of the face, dyspnoea, cyanosis, lumbar pain, rapid weak pulse, tightness in the chest, and apprehension, and are promptly relieved with epinephrin; and are not a contra-indication to further serum therapy. The delayed type of serum sickness appears from a few to a number of days after the infection, characterized by hives, joint and muscular pain, fever, edema These can be relieved by epinephrin injections, ephedrin by mouth, and aspirin for joint pain and temperature.

The incidence of serum sickness has been reduced from above sixty per cent with the old unrefined sera to less than ten per cent with modern refined sera. All sera are clinically tested for reactions and standardized.

Clinical Response

Within eight to twenty-four hours after sufficient anti-serum there is usually a marked improvement in the patient. Temperature, pulse, and respiration drop; toxemia lessens. Early serum therapy prevents blood stream invasion. Serum therapy not only saves many lives, but markedly reduces the period of illness and greatly lessens the confinement and restrictions of the patient; this is probably of equal importance.

Other Treatment

Other treatment is entirely symptomatic and supportive. Outstanding, however, has been the general use of oxygen. Dr. Bullowa at Harlem Hospital aptly expresses its importance in stating that no matter how much antibody is administered or produced by the patient, unless he receives sufficient oxygen, he may not survive. So that serum and oxygen go hand in hand to save the most lives—and again, **Both Early.** Do not wait for the more serious indications of anoxia, as cyanosis and dyspnoea. Each rise of one degree in temperature alone indicates that from 5 to 7 per cent more oxygen is needed.

Other symptoms are treated as they arise, excepting that proper elimination of kidneys and bowels must be maintained, the chloride content of blood and urine maintained, and that sufficient liquids and carbohydrates must be administered.

The heart needs careful watching and on signs of circulatory decompensation or auricular fibrilation, digitalis needs be resorted to; but the use

of such powerful heart stimulants to support the myocardium is to say the least not necessary as a routine procedure in the treatment of the pneumonia itself. Much of the cardiac distress is due to the toxemia, and in many cases powerful stimulants are even contra-indicated. Glucose or sucrose can be, and is used to, support the failing myocardium and it helps at the same time to withdraw fluid from the lungs, supplies some of the necessary glycogen, and prevents peripheral circulatory collapse.

Tympanites is distressing and should be relieved. Hiccoughing is relieved with inhalation of 5 per cent carbon dioxide with 95 per cent oxygen.

For insomnia and sleeplessness use hypnotics and sedatives such as barbiturates; never morphine. Remember morphine inhibits the secretions and should not be used until proper sputum has been had for Neufeld typing. Strapping of chest with adhesive, codeine and heat will relieve pleuritic pains.

Never forget that skillful nursing care has favorably tipped the balance between life and death in many pneumonia cases. Good nursing judgment is essential. Good nursing means rest, but rest does not mean neglect. It is attained by a delicate distinction between essential and excessive care, each case is individual. Delayed serum sickness has been gradually lessened by refinement. Urticaria is controlled with epinephrin subcutaneously, ephedrine orally, and the salicylates are used for joint pains.

With the specific treatment described, the doctor needs not fear his handling of pneumococcus infections. He has definite procedures available to greatly reduce the anxiety for all concerned. He can promise at least a 50 per cent better chance of life. While failures will occur, he, and all of us, can with proper education, instill confidence into the public; induce people to go to the doctor early, and thus not neglect the common cold or predisposing causes of pneumonia; promise that 50 per cent of those regularly succumbing can be saved, hospitalization definitely reduced, so that much economic loss is avoided in returning those working earlier to their chores, and many of the more serious complications and sequelae entirely avoided, particularly the heart failures which so frequently terminated a life after the pneumonia itself was beaten.

NO LONGER does OSLER'S precept hold: "That pneumonia is a self-limiting disease which cannot be cut short or aborted."

RESOLUTION

Whereas, God in His infinite wisdom has so suddenly and tragically taken from our midst our friend and colleague, Dr. L. L. Purifoy; and

Whereas, Dr. Purifoy was endeared to us for his genial personality, his kindness, his charitable nature and his loyalty to his friends and patients. Not only did his traits of character appeal to us and make us desire to emulate them, but we shall ever remember his genius as a surgeon whose skill none excelled. Throughout his years of unselfish service to this community, as well as South Arkansas in general, he never failed to do his duty as a man and as a doctor. His loss will be keenly felt by his many friends and patients; and

Therefore, Be it resolved that on January 11, 1939, The Fifth Councilor District Medical Society, in session assembled, express our appreciation for the noble work that Dr. Purifoy has done among us; that we as a Society feel a sense of personal loss at his death and shall ever cherish his memory; and that we recommend to the members of the Society that they endeavor to follow the ethical standards which Dr. Purifoy unfailingly followed; and

Be it further resolved that we express our sympathy to his family for their irreparable loss; that a copy of this resolution be sent to Mrs. Purifoy, to the Journal of the Arkansas Medical Society, to the press, and that a copy be retained by this Society.

The Fifth Councilor District Medical Society
By F. O. MAHONY, M. D.
R. B. ROBINS, M. D.
D. E. WHITE, M. D.
Resolution Committee.

COMING MEDICAL MEETINGS

New Orleans Graduate Medical Assembly, New Orleans, February 6th-9th.

Mid-South Post Graduate Medical Assembly, Memphis, February 14th-17th.

Arkansas Medical Society, Hot Springs National Park, May 8th-10th.

Laymen are seeking the exact truth and should receive the truth. Each one of us is potentially the county medical society, and the foundation upon which the medical profession stands is each individual doctor, as seen through the eyes of the layman.—Bulletin, Oklahoma County Medical Society.

TUBERCULOSIS ABSTRACTS

A Review for Physicians

ISSUED MONTHLY BY THE NATIONAL TUBERCULOSIS ASSOCIATION

AT different periods of the life span there are striking differences in the clinical manifestations, the prognosis, character of the lesions and the mortality of tuberculosis. Dr. Arnold Rice Rich discusses this problem in his John W. Bell Tuberculosis Lecture before the Hennepin County Medical Society, Minneapolis, April 4, 1938.

AGE INFLUENCES TUBERCULOSIS

Differences in the tuberculosis mortality rate at the different periods of life have been regarded by many as evidence that there are corresponding differences in native resistance at the various age periods. Simple mortality rates are, however, influenced by important factors other than age. We are interested, therefore, in knowing the number of deaths in relation to the **infected** portion of a given age group. Statistics regarding the incidence of infection by age groups are incomplete and woefully lacking for adult groups and for infants in the first year of life. Another difficulty is that hypersensitivity to tuberculin may fall to a low level a year or two after infection and consequently tuberculin test surveys do not always give a true picture of the amount of infection.

Despite these difficulties it is possible to make a conservative estimate of the incidence of infection for each group. The author has collected statistics from numerous sources and constructed a table showing the ratio of tuberculosis deaths to the number of infected persons by age groups. From this table we may draw the following conclusions:

1. That tuberculosis is most fatal during the first year of life;

2. That it is much less dangerous, but still markedly so during the succeeding several years;

3. That the period between five years and puberty is a strikingly "safe" period, during which the mortality from the disease decreases in spite of the fact that the incidence of infection increases.

4. That following the age of puberty there occurs a sharp increase in the death-hazard among those infected.

5. That the increase in the tuberculosis mortality-hazard continues steadily into adult life, reaching a peak in the middle twenties, after which it continues at an elevated level throughout the remainder of the life span, but with variations that depend upon sex, occupation and economic conditions.

6. That in old age there occurs a second peak of mortality-hazard.

The most dangerous age period in which to be infected is that of the first five years of life, and most particularly during the first year; the safest period is that between five years and puberty. From puberty onward the chance of dying if infected increases rapidly until it reaches a peak, the precise age period of which is inconstant in the total population and may be different for each sex at different periods of time. The mortality rate among the infected is always high in old age, but it may be lower than the first adult peak. How are these age peculiarities to be explained, and what relation, if any, do they bear to age-determined differences in native resistance?

Infancy

Since infants cannot move about to court infection, they are ordinarily exposed either to heavy and continued infection or to none at all. Malnutrition, more frequent in infancy than later, affects resistance to tuberculosis. The native ability of the infant to resist infections in general is deficient. In tuberculosis, the rapidity with which an effective degree of acquired resistance develops following infection plays a very important role in determining the outcome of a primary infection.

Between One and Five Years of Age

During the second year of life the external influences which favor a high death rate among those who become infected are still operative but to a lesser degree. After the second year of life the death rate of those who become in-

fected falls markedly. This may be due to the fact that the ability to move freely outside the home is accompanied by the opportunity for acquiring single, slight infections which can be well resisted. Children between 2 and 5 years of age have a decidedly greater ability to form immune bodies than have infants.

Between Five Years and Puberty

The tuberculosis mortality rate among those infected is markedly lower than that in any other decade. While free movement at this age leads to a great increase in primary infections, far fewer of these infections produce progressive fatal disease. In this decade, children are most protected against the vicissitudes of life—they are safeguarded in the home and in school and are spared the stresses and debilitating influences of later life. They enjoy outdoor play, and sufficient rest and sleep.

In addition there is evidence that the mechanism for developing acquired resistance ("serological maturity") becomes established. Antibody-producing power reaches its height during the period from five years to puberty.

Adolescence

The sharp rise in the tuberculosis mortality curve at the period when puberty adjustments take place, suggests that pubescence may be accompanied by a depression in resistance. While opportunities for acquiring infection are greater at this age, this factor does not account for the mortality rise; mortality increase far outstrips infection increase. Nor can the mortality increase be accounted for by the assumption that active tuberculosis at this period represents the evolution of infection acquired earlier.

The mortality rise in adolescent females is more pronounced and occurs at an earlier age than in adolescent males. The puberty alterations likewise are more profound and occur earlier in females than in males. Progressive lesions in adolescence often show characteristics indicative of a lower degree of resistance.

Adult Life

Tuberculosis mortality continues to rise into adult life and ordinarily reaches its peak in the middle twenties. The effects of occupational hazards, childbearing, care of the family and the struggle for existence are now in full play. The terms "over-stress and strain" and "the run-down state" while vague and unscientific, nevertheless express very real hazards in the body's struggle to hold a tuberculous infection in check.

There are many who maintain that the previously uninfected adult is more susceptible to tuberculosis than is the child and that it is an advantage, therefore, to become infected in childhood. The author does not hold that view. After analyzing the advantages and disadvantages conferred by a primary infection, he strongly urges that all individuals should avoid spontaneous and uncontrolled infection as far as is reasonably practicable.

Old Age

In the final period of life, after sixty, the tuberculosis death rate rises sharply. Increased opportunities for exposure to infection can certainly not be the cause here, for the aged tend to draw away from contact with the world. One, therefore, suspects the presence of factors that depress resistance.

In the aged, tuberculosis often progresses with strikingly few symptoms, save for the cough which is often not severe. It is, therefore, frequently unsuspected even when tubercle bacilli abound in the sputum. Such cases may be the source of fatal infection for children and it is of great importance to investigate the reason for a persistent cough in an older person. The belief that tuberculosis in the aged is more benign than at other age periods is not well founded. All available evidence indicates that the aged have a lower degree of resistance than the middle-aged, though the responsible factors are not precisely known.

The author concludes: "The peculiarities of susceptibility and resistance at the various age periods, and the manner in which external factors act to alter resistance, constitute, perhaps, the most important problems in tuberculosis today, not only from a theoretical but, indeed, from a highly practical standpoint; and they deserve the most serious and intensive investigation. In this review of the general outlines of the problem, I have sought chiefly to stress the narrow limits of our present information, rather than to attempt to provide a series of comfortable, theoretical explanations for these complex and incompletely understood phenomena."

The Influence of Age-determined Factors on the Development of Tuberculosis, Arnold Rice Rich, M. D., Minnesota Medicine, Vol. 21, No. 11, Nov. 1938.

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NEWS—Our readers are requested to send in items of news, also marked copies of newspapers containing matter of interest to the membership.

EDITORIAL

PUBLICITY

Cognizant of the publicity which will attend proposed legislation on medical care in the present Congress, there has been distributed to the editors of Arkansas newspapers a pamphlet by Frederick L. Hoffman, LL.D., noted statistician, entitled, "Compulsory Health Insurance and Disease Control." Dr. Hoffman finds, as a result of his analysis of systems of compulsory sickness insurance abroad, that it encourages public dependence, increases bureaucracy and burdens of taxation. But worse than all else, he finds that it lowers the standards of medical practice, hinders medical progress and brings about the regimentation of the medical profession. Dr. Hoffman speaks with authority on the subject and it is to be hoped that individual physicians, or committees from county medical societies, will confer with their local editors to advise with them on the proper interpretation which is to be placed upon statements which will come from Washington.

It is vital that physicians present the viewpoints of the medical profession to the public. Properly directed publicity and education will mold the laity to demand a continuance of our present excellent system of medical practice. This is the foremost duty of every member.

THE SURVEY

The following county medical societies have submitted reports in the survey of medical needs and care in Arkansas: Arkansas, Ashley, Benton, Chicot, Clark, Clay, Cleburne, Cleveland, Crawford, Desha, Drew, Franklin, Garland, Grant, Hempstead, Hot Spring, Independence, Jackson, Lawrence, Madison, Montgomery, Nevada, Ouachita, Pope-Yell, Pulaski, Randolph, Sebastain, Sevier, St. Francis, Union and Washington. This is approximately a 50% return. The reasons why reports are missing from the other counties is not known in this office. At this time the state survey committee is engaged in making their analysis of the returns for the American Medical Association. A final plea is made that those county societies which have not completed the survey, do so, and forward their completed reports to the office of the state secretary not later than February 20th. It does not seem too much to ask that this activity of organized medicine receive 100% support from the component county medical societies. To those societies which have completed the survey, we ask that they make it a point to study their final statistics in order that they may best judge wherein medical service in the particular county may be improved and in what manner this improvement may be developed. This is the next objective of the survey. .

EDITORIAL COMMENT

By courtesy of the Ohio State Medical Association, there appears in this issue of The Journal: "A Question Which Every Citizen of Arkansas Must Answer." Judicious distribution of this in leaflet form is suggested to members of the Society. A reasonable supply will be forwarded by The Journal to members who make such requests.

100% PAID MEMBERSHIP
January 29, 1939

Bradley County
Hempstead County
Johnson County
Lincoln County
Madison County
Sevier County

DO YOU WANT YOUR OWN DOCTOR . . . OR THE "STATE DOCTOR"?

"WHAT a silly question", reply Mr. and Mrs. Citizen. "Of course, we want our own doctor for ourselves and our family."

But, dear Mr. and Mrs. Citizen, it is not a silly question. It has been asked in all seriousness. **You are going to have to answer it, too—and before long.**

Here are some facts which may startle you:

Do you know that the next United States Congress may be asked to enact legislation which would establish in the United States a **costly, politically-controlled system of medical service,** a la European model?

Do you know that a system of compulsory health insurance or a system of tax-paid medical care for all persons, both of which are being advocated and either of which would be operated and controlled by governmental agencies, would **change entirely the relationship which now exists between you and your family doctor?**

* * *

LET'S try to visualize what would happen if Congress should adopt either of these systems: You would be regimented so far as your health and medical needs are concerned; told when you need medical attention; when you do not; and where to go to get it—if "the bureau" decides you need it. In all probability, you would have to take the doctor sent by "the bureau"—**not your own doctor.** You might have to visit the government clinic.

Your present family doctor would be regimented, too. He would become a government employe, subject to orders from "the bureau." "The bureau" wouldn't be interested in seeing that you get your doctor. You'd have to take **any doctor** who happens to be on duty. Your doctor might be assigned elsewhere.

You are quite correct: This procedure would give you and your family only a salary-earning pill dispenser. Quite true: You would have little reason to take the "state doctor" into your confidence. Doubtless you would have little confidence in him—not like the confidence which you have in **your own doctor** with whom you are intimately acquainted and who may have doctored your mother and your grandmother before you.

What kind of medical care would you get? That's a good point. Probably you would get an **inferior grade of medical attention.** The doctor assigned to your case never saw you before—he may never see you again. He should worry—you're just another case. You'd get a **hasty diagnosis and the standard treatment.** Remember, the "state doctor" would have to spend a lot of time filling out forms and complying with red tape. He wouldn't be able to spend much time on any one case. Then, too, he may not be very well posted on new methods of diagnosis and treatment because he hasn't had the time or the incentive, to keep himself informed by attending medical meetings and reading medical books.

* * *

EVERYONE knows that the sick are not in any sense standardized and that, therefore, mass treatment can never be sucessful. However, this fact will not make much impression on "the bureau" which will be particularly interested in figures and forms.

Everyone knows that a patient usually picks a doctor because of the doctor's personality, integrity, honor and ability. You'll have little chance to use your own judgment under a governmental system.

Everyone knows that the present system forces onto the physician full and individual responsibility to and for his patient, challenging the doctor to do his utmost for the patient. This will not be the case when you become a patient of "the bureau", not of the doctor.

* * *

THIS will be your fate unless you do something to stop the present movement to socialize the practice of medicine in this country. If you and your friends say "no", Congress will not enact the proposals referred. **You stand to lose under socialized medicine. It's up to you, therefore, to stop it now and each time it rears its head.**

Note: A reasonable supply of this article in leaflet form may be obtained by members from The Journal.

"Public opinion is everything. With it nothing can fail, without it nothing can succeed. He who moulds public opinion goes deeper than he who enacts statutes, for the moulder of public opinion makes statutes possible or impossible to execute."—Abraham Lincoln.

PROCEEDINGS OF SOCIETIES

Hempstead County Medical Society has elected the following officers: President, P. B. Carrigan, Hope; Vice-President, J. W. Branch, Hope; Secretary-Treasurer, Jim McKenzie, Hope; Delegate, H. H. Darnall, Fulton, and Alternate, L. M. Lile, Hope.

Cross County Medical Society has elected the following officers: President, J. S. Miller, Parkin; Vice-president, T. G. Price, Wynne; Secretary-treasurer, Ruffin Longest, Wynne, and Delegate, A. F. Barr, Cherry Valley.

The Benton County Medical Society met in dinner session at Siloam Springs January 12th for a scientific program by F. M. Duckworth and L. L. Scott of Siloam Springs.

Geo. M. Love, Secretary.

Crawford County Medical Society has elected the following officers: President, S. D. Kirkland, Van Buren; Vice-president, A. A. McKelvey, Van Buren, and Secretary-treasurer, O. J. Kirksey, Mulberry.

The Johnson County Medical Society met in regular session Thursday evening, December 22, 1938. The election of officers was held as follows: E. W. Pillstrom, President; S. M. Graves, Vice-president; G. Reginald Siegel, Secretary-treasurer; J. M. Kolb, Delegate, and R. H. Johnston, Alternate. A committee was appointed to make arrangements for the annual Johnson County invitational banquet, which will be held the latter part of January or the first of February.

G. Reginald Siegel, Secretary.

The Pulaski County Medical Society was addressed January 9th by Drs. R. E. McLochlin, J. N. Compton and M. J. Kilbury on "Agranuolcytosis."

E. H. White, Secretary.

The Independence County Medical Society was addressed December 12th by J. J. Monfort, Batesville, "Common Infections of the Hand and Their Treatment," and by J. B. Askew, Batesville, "Neonatal Mortality." The following officers were elected: President, F. A. Gray, Batesville; Vice-president, I. M. Huskey, Cave City; Secretary-treasurer, J. B. Askew, Batesville; Delegate, V. D. McAdams, Cord, and Alternate, L. T. Evans, Batesville.

J. B. Askew, Secretary.

Jefferson County Medical Society has elected the following officers: President, W. H. Bruce; Vice-president, Virgil L. Payne; Secretary-treasurer, John K. Walker; Delegate, J. M. Lemons, and Alternate, W. T. Lowe, all of Pine Bluff.

The Alumni Association of the University of Arkansas School of Medicine met in Little Rock December 15th for the purposes of organization. The following committees were appointed by President Euclid M. Smith: Finance Committee, G. W. Reagan, B. A. Bennett, Hoyt R. Allen; Committee on By-Laws, M. J. Kilbury, Fount Richardson, R. J. Calcote, J. N. Compton, T. Duel Brown and Euclid Smith. Other officers of the association are: Vice-president, M. J. Kilbury; Secretary-treasurer, T. Duel Brown, and Advisory Committee: F. A. Corn, Jack Burge, J. M. Walls, W. Decker Smith, and Fount Richardson.

A. A. Blair, Fort Smith, addressed the Washington County Medical Society January 3rd on "Diabetes."

Sevier County Medical Society reported a 100% payment of 1939 membership assessment on December 22nd; Johnson County reported 100% on December 27th.

The Lawrence County Medical Society met at Hoxie January 10th installing C. D. Tibbels as President, J. F. Jackson as Vice-president, T. C. Guthrie as Secretary, and J. C. Hughes as Delegate. J. L. Merrell presented a paper on "Tularemia."

T. C. GUTHRIE, Secretary.

The Pulaski County Medical Society was addressed January 23rd by the Very Rev. Msgr. Healy on "Hospital Insurance."

E. H. WHITE, Secretary.

The Fifth Councilor District Medical Society met in dinner session at El Dorado January 11th for a scientific program by Miss Erle Chambers, Little Rock; "Dr. R. B. DeLee, Shreveport, "Bronchial Asthma," and H. F. G. Edwards, Shreveport, "Carcinoma." The following officers were elected; President, E. J. Byrd, Bearden; Vice-president, Joe F. Rushton, Magnolia, and Secretary-treasurer, J. W. Harper, El Dorado.

Saline County Medical Society has elected the following officers: President, Dewell Gann, Sr.; Vice-president, Mason Lawson; Secretary-treasurer, Curtis W. Jones; Delegate, M. M. Blakeley, and Alternate, Dewell Gann, Sr.

PERSONALS AND NEWS ITEMS

"A Study Regarding Abdominal Adhesions and of Cotton and Gauze Sponges" by J. K. Donaldson, Little Rock, has been selected for abstraction and publication in the 1938 Yearbook of General Surgery. This article originally appeared in the American Journal of Surgery, January, 1938.

Stanley M. Gates, Monticello, has been appointed an examiner for the Civil Aeronautics Authority.

H. A. Higgins, Little Rock, has been promoted to the grade of commander in the Naval Reserve Medical Corps.

M. L. Norwood, Lockesburg, recently suffered the loss of his home by fire.

The December issue of the Tri-State Medical Journal contains the following: "Fetal Death in Utero" by C. A. Smith; "Vomiting in the Newborn" by J. W. Burnett; "Edema and its Management" by Roy F. Baskett; "Comparison Between Retrograde and Intravenous Pyelography" by H. C. Harrell, and "Texarkana—An Industrial and Medical Center" by Geo. W. Parson, all of Texarkana. The issue was termed the Texarkana Edition.

Chas. T. Chamberlain, Fort Smith, has been elected a director of the Fort Smith Exchange Club.

O. L. Atkinson has been appointed city health officer at Hampton.

S. C. Fulmer recently addressed the Little Rock Civitan Club on the benefits of the University of Arkansas School of Medicine.

I. R. Johnson, Blytheville, has been elected a director of the Mississippi County Building and Loan Association.

Born—A son, to Dr. and Mrs. A. H. Maddox, Elaine, on January 4th, 1939.

E. H. Abington and J. R. Sloan have been elected president and vice-president, respectively, of the Citizens Bank of Beebe.

After 47 years in active practice, J. S. Kolb, Clarksville, retired on January 1st.

M. H. Scott has moved from Jenny Lind to Fort Smith, where he is located at 608 First National Bank Building.

A. F. Hoge has been elected a director of the City National Bank at Fort Smith.

J. S. Coffman has been elected vice-president and director of the Citizens Bank at Lavaca.

B. M. Wilson, formerly of Birmingham, has joined the Cooper Clinic at Fort Smith for the practice of his speciality, eye, ear, nose and throat.

Saint Vincent's Infirmary staff has elected the following officers: President, D. A. Rhinehart; Vice-president, Paul Mahoney, and Secretary, Hoyt R. Allen.

G. S. Self has been elected a director of the National Bank of Commerce at Paragould.

Hoyt R. Allen has been elected a director of the Little Rock Chamber of Commerce.

W. E. Ellington has been elected a director of the Security Bank and Trust Company at Paragould.

J. F. John has been elected a director of the Eureka Springs Chamber of Commerce.

W. M. Woods, Huntington, attended the All-American Air Maneuvers at Miami, Florida, during January.

E. D. McKnight has been elected a director of the Bank of Brinkley.

C. F. Watson has become associated with R. M. Eubanks at Little Rock.

W. O. Arnold, formerly of the State Sanatorium staff, has joined the Holt-Krock Clinic at Fort Smith, where he will confine his practice to diseases of the chest and allergy.

S. C. Fulmer recently addresed the Little Rock Lions Club on "What the University of Arkansas School of Medicine Means to Little Rock and to Arkansas."

"Nutritional Cytopenia (Vitamin M. Deficiency) in the Monkey" by W. C. Langston, W. J. Darby, et al, Little Rock, appeared in the December issue of The Journal of Experimental Medicine.

J. E. Little has received permanent appointment as assistant superintendent of the Benton unit of the State Hospital.

MARRIED—Howard A. Dishongh and Elizabeth D. Fletcher, of Little Rock, December 4th, 1938.

E. F. Ellis, Fayetteville, presided over the January 18th hospital conference held during the sectional meeting of the American College of Surgeons at Nashville.

B. L. Ware has been elected vice-president and director of the Farmer's Bank of Greenwood.

R. B. Robins, Camden, appeared on the symposium, "Reduction of Mortality in Appendicitis," conducted during the sectional meeting of the American College of Surgeons in Nashville recently.

O. R. Kelly has been elected a director of the Grant County Bank at Sheridan.

R. O. Norris has been elected vice-president of the Bank of Tuckerman.

W. C. Overstreet and Ralph M. Sloan have been elected president and vice-president, respectively, of the Jonesboro Country Club.

J. H. Hellums has been elected vice-president of the Dumas Chamber of Commerce.

The following attended the sectional meeting of the American College of Surgeons in Nashville during January: E. F. Ellis, Fayetteville; W. H. Mock, Prairie Grove; R. B. Robins, Camden; Berry Moore, El Dorado; J. B. Jameson, Camden; A. D. Cathey, El Dorado, and H. Fay H. Jones, Glenn Johnson and Jos. F. Shuffield, Little Rock.

J. F. Hays, Augusta, is taking a four months' course in public health work at Vanderbilt University.

E. H. Abington has been elected director of the Beebe Kiwanis Club.

RANDOM THOUGHTS OF THE SECRETARY

January 1st. We promise ourselves that this year will see us working harder at our allotted tasks, endeavoring at all times to offer a bit of cheer to those who are forced in contact with us.

January 4th. The premature announcement that we have bought a house convinces us of the power of the press; salesmen in great numbers and with an infinite assortment of wares and services call in person and by phone. Peggy calls attention to the fact that no one has as yet offered a flag pole for our homestead.

January 6th. Breaking a precedent of many years standing, Paul McConnell, enthused possibly over recent publicity in the columns of The Journal, makes payment of his dues; in our recollection the first time that such payment has been forthcoming prior to Thanksgiving Day. With a flattering attention the Exchange Club listens to our discussion on compulsory sickness insurance. Thereby we ponder what might be the result if all physicians would take the time to tell their patients what socialization of the medical profession really means.

January 7th. Comes the translation of Stanley Gates' Latin Christmas card from the editor of the Monticello Rotary Club bulletin, a left-handed answer from Stanley, avoiding the drudgery of translation as requested here last month, and perhaps, Stanley did not know what it meant after all.

January 8th. We journey to the Eberle farm, a location just over the line in Oklahoma, deserving no praise for its accessibility, but to be commended for its distance from a telephone, its cheery and comfortable cabin, its scenic beauty and its economic self-sufficiency. Particularly do we become interested in the volcanic rocks, sand-filled and hollow, offering unlimited specimens for ash trays, bird houses, water basins and the like. And with the dusk and a happy afternoon behind us, we take the youngster to that famed rendezvous, Luke Smith's, where all dine heartily, and the evening becomes most unique in that we feed ten nickels above into the slot machine and the youngster takes ten out below.

January 10th. Rose makes the sage observation today that if the government will just finance all this automobile paper that he will take his chances of collection for every call he receives.

January 11th. Sebastian County Medical Society gathers for its 65th annual banquet session. Among the highlights are to be mentioned: Liberty author Siegel wearing the badge of authority as sheriff; Earle Hunt's difficulty in talking when so few have preceded him; Eberle's fee bill which convinces all present that we have come but a short way on the road to riches, and Wolfermann's loss for words when presented with a silver tray.

January 13th. In re an abdominal tumor for diagnosis this date wherein we have placed ourselves on the spot by declaring for malignancy and solid consistency the eye doctor, Everett Moulton, perversely takes the opposite view as a matter of principle to differ with us, declaring the tumor cystic, which, regretably, it was. Immediate consolation is denied us, but we shall have our day ultimately.

January 16th. The value of the broad experience gained in the general practice of medicine preliminary to specialization has been well emphasized this day by Charles T. Chamberlain, who temporarily stepped from the domain of internal medicine to obstetrics.

OBITUARY

OSCAR BARKSDALE, aged 54, died at his home in West Memphis December 18th of a heart attack. Born in Springville, Mississippi, he moved to Memphis at the age of 18 and graduated from the University of Tennessee College of Medicine in 1914. For a short time after graduation he practiced at Bassett and then entered the army medical corps during the World War, remaining with the Army of Occupation for one year. Following the war, he practiced at Wilson and moved to West Memphis in 1934. He was chairman of the Board of Deacons of the Baptist Church and a member of the Rotary Club. In addition to his membership in the Crittenden County Medical Society and the Arkansas Medical Society, he was a Fellow of the American Medical Association. In 1915 he was married to Miss Mote Hodges, who, with his mother and a brother, survives him.

LAWRENCE LLOYD PURIFOY, aged 56, died at El Dorado January 7th of injuries received in an automobile accident on January 1st. Born at Zama, Nevada County, in 1882, he attended Ouachita College and graduated in medicine from the Memphis Hospital Medical College in 1903 and later took work at Tulane University, from which he received a degree in 1913. In 1905 he married Miss Grace Sample of El Dorado, who died in 1915. In 1917 he married Miss Dora Bell Rosamond, who, with three daughters and a son, survives him. Civic interests included membership in the First Baptist Church, the Rotary Club, the Masonic bodies and the Shrine. During the World War he served as a captain in the army medical corps. He had been a surgeon for the Missouri Pacific Railway for 34 years and had served the Rock Island Lines for a number of years. In addition to his membership in the Union County Medical Society and the Arkansas Medical Society, he was a Fellow of the American Medical Association and of the American College of Surgeons. Instrumental in founding St. Mary's Hospital in El Dorado, he later assisted in the erection of the Warner Brown Hospital, and in 1925, he built the Henry C. Rosamond Hospital. He served as Councilor of the Fifth District Medical Society for many years, had held offices in the county and district societies, and had served many times as delegate from the Union County Medical Society to the state society.

OWEN G. BLACKWELL, Pine Bluff, aged 65, died of a heart attack as he walked along the street January 6th. Born at Faith in 1873, he had lived in Pine Bluff nearly all his life. A graduate of the Tulane University of Louisiana in 1901, he had been in ill health for several years. He was one of the largest property owners in Pine Bluff. In addition to his membership in the Jefferson County Medical Society and the Arkansas Medical Society, he was affiliated with the First Presbyterian church and the Masonic lodge. Surviving are his wife, two sons, a brother and a sister.

ART TELLS HISTORY OF AMERICAN MEDICINE

"BEAUMONT AND ST. MARTIN"

"Beaumont and St. Martin" is the first of six large paintings in oil memorializing "Pioneers of American Medicine" which artist Dean Cornwell will complete in the next few years. Others in the series are: Dr. Oliver Wendell Holmes, Dr. Ephraim McDowell, Dr. Crawford W. Long, Dr. William T. G. Morton, and Major Walter Reed, and one woman, Dorothea Lynde Dix who, while not a physician, stimulated physicians to study insanity and feeblemindedness.

Arrangements to supply physicians with free, full color reproductions of "Beaumont and St. Martin" without advertising, and suitable for framing, have been made with the owners, John Wyeth & Brother, 1118 Washington Street, Philadelphia.

Send your request to Arkansas Medical Society, 610 First National Bank Building, Fort Smith, Arkansas.

WOMAN'S AUXILIARY PAGE

MRS. N. B. DANIEL,
Publicity Secretary, 908 Pine Street, Texarkana.

AUXILIARY ENTERTAINED

Dr. and Mrs. H. T. Smith and Dr. and Mrs. Marion B. Leverett entertained members of the Southeast Arkansas Medical Society and its Auxiliary with the annual Christmas party at the home of Dr. and Mrs. Smith December 16th. A turkey dinner was served, places being laid for 27. The dining table was centered with a Christmas decoration of silvered foliage, the centerpiece being flanked by red tapers in silver holders. Following the dinner, the guests participated in games and contests, sang Christmas carols, and exchanged gifts. Mrs. M. C. Crandall of Wilmot sang a solo, playing her own accompaniment. Guests were present from Dumas, Gould, Monticello, Dermott, Lake Village and Wilmot.

The Auxiliary to the Washington County Medical Society held no program meeting in December, but had their usual dinner meeting at the hotel with ten ladies present.

MRS. P. L. HATHCOCK,
Publicity chairman for the Auxiliary of the Washington County Medical Society.

The Woman's Medical Auxiliary of the Ninth Councillor District met December 6, 1938, at Harrison, Arkansas, with Mrs. H. V. Kirby presiding. Mrs. D. K. McCurry, Hygeia Chairman, gave a report and was appointed to act in the same capacity for another year. The following were elected to office for the next two years: President, Mrs. J. G. Gladden, Harrison, Arkansas; President-Elect, Mrs. Ross Fowler, Harrison, Arkansas; Vice-President, Mrs. A. V. Adams, Yellville, Arkansas; Secretary-Treasurer, Mrs. O. B. McCoy, Harrison, Arkansas. Mrs. J. G. Gladden is our delegate to the State Medical Auxiliary Meeting, with Mrs. D. K. McCurry and Mrs. J. H. Fowler as alternates.

After a delightful musical program and an enlightening paper on **Socialized Medicine,** by Mrs. Ross Fowler, refreshments were served to eight members and the following guests: Mrs. H. F. Jones, Little Rock, Arkansas; Mrs. S. J. Wolferman, Fort Smith, Arkansas; Mrs. Brooksher, Fort Smith, Arkansas; Mrs. Bing, Marshall, Arkansas.

MRS. O. B. McCOY,
Publicity Chairman for the Auxiliary of the Ninth Councellor District.

Because, from time immemorial, women have been the guardian of their own and their family's health, and because they suffer more from cancer than men do, women should take the initiative in promoting education for the control of cancer, Dr. F. G. Krock, told the auxiliary to the Sebastian County Medical Society Monday.

"Cancer today causes 150,000 deaths annually, and it is estimated that there are over half a million people suffering from it," Dr. Krock said. "The number of deaths from this cause is increasing, due to a number of factors. The only methods of treatment, X-ray, radium and surgery, have reached such a high standard of perfection that further reduction in this mortality by further improvements in technique cannot be looked for."

In continuing, the speaker said that the one fact evident to anyone treating cancer cases is the far advanced stage of the disease present when most patients themselves come for treatment for the first time.

In order to get the fact brought out by cancer research that all cancer is curable completely at its inception, a woman's field army has been organized to spread the information, Dr. Krock pointed out. In a brief review he called attention to the first step in the organization, the formation of the American Society for Control of Cancer, sponsored by wealthy philanthropists; the second, in which the greatest advance was made, in 1937, when the Women's Field Army was launched; and another activity under way at present, the organization of "Cured Cancer Clubs."

In connection with the last named organization Dr. Krock said that the American College of Surgeons has listed 29,000 cases of proved cancer which have been cured five years or longer.

Dr. Krock addressed the January luncheon meeting of the Auxiliary at the home of Mrs. Ruth Moss Carroll, 400 North Greenwood Avenue. Mrs. Walter Everle and Mrs. W. F. Rose were co-hostesses.

At the business session, Mrs. Raymond Smith, Hygeia chairman, reported that since the last meeting in November the committee has presented six months' subscriptions to the publication, "Hygeia," to seven rural schools and one year subscriptions to the Girls' Club, Carnegie Library, Young Women's Christian association and Rosalie Tilles Children's home; and that 13 subscriptions have been sold.

Mrs. A. A. Blair, president, presided, and Mrs. W. R. Brooksher was the program chairman.

Present for the session besides the guest speaker, the president and program chairman and hostesses were Mrs. Charles T. Chamberlain, Mrs. B. L. Ware and Mrs. C. W. Hall of Greenwood, Mrs. G. G. Woods, Huntington, Mrs. J. S. Southard, Mrs. D. W. Goldstein, Mrs. Raymond Smith, Mrs. Minnie U. Fuller, Magazine, Mrs. W. F. Adams, Mrs. B. W. Freer, Mrs. M. E. Foster, Mrs. S. J. Wolferman, Mrs. Everett C. Moulto and Mrs. H. C. Dorsey.

MRS. W. F. ROSE,
Publicity Chairman for the Auxiliary of the Sebastian Medical Society.

Members of the auxiliary of the Independence County Medical Society enjoyed a lovely dinner party at the home of Mrs. M. S. Craig in December. Covers were laid for eighteen at the dining table and two smaller tables. Four poinsettas surrounded by silver leaves and silver, red, and green berries formed the decorative

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arrangement which centered the large table. The dinner menu further emphasized the Christmas motif.

Following dinner a program was enjoyed in the living room where decorations, including a beautifully decorated tree, continued the Christmas theme. The mantle held a miniature Santa Claus with sleigh and reindeer.

Mrs. Victoria Saylors gave a most enjoyable reading, entitled "Jane Todd Crawford," after which "The Doctor," a dramatic reading, was rendered by Mrs. J. B. Askew. Jimmie Dan Collier, dressed as Santa Claus, distributed gifts from under the tree.

Assistant hostesses for the party were Mrs. C. G. Hinkle, Mrs. J. M. Hooper, and Mrs. I. M. Huskey of Cave City.

BOOK REVIEWS

Intern's Handbook. By Members of the Faculty of the College of Medicine, Syracuse University. Second Edition. Pp. 523. Price $3.00. Philadelphia: J. B. Lippincott Company, 1938.

This book is well prepared for its announced purpose and should be of considerable practical value to general practitioners as well as to those entering upon their internship. Considered of especial importance are the discussions on relationships of the intern and medical jurisprudence.

How to Conquer Constipation. By J. F. Montague, M. D. Pp. 244. Price $1.50. Philadelphia: J. B. Lippincott Company, 1938.

Primarily intended for lay reading, the physician who is inclined to view constipation as a minor condition, may profitably study this small volume. It will find a field of usefulness in the care of the patient who needs to know more about his condition, supplementing the physician's advice.

Cancer—Its Diagnosis and Treatment: By Max Cutler, M. D., Associate in Surgery, Northwestern University Medical School; Chairman, Scientific Committee, Chicago Tumor Institute; Consultant, Tumor Clinic and Director, Cancer Research, United States Veterans' Administration, Hines, Illinois; and Franz Buschke, M. D., Assistant Roentgenologist, Chicago Tumor Institute; Late Assistant, Roentgen Institute, University of Zurich. Assisted by Simeon T. Cantril, M. D., Director, Tumor Institute, Swedish Hospital, Seattle; Late Assistant, Chicago Tumor Institute. 757 pages with 346 illustrations. Philadelphia and London: W. B. Saunders Company, 1938. Cloth, $10.00 net.

This book is devoted to the pertinent facts in the diagnosis, prognosis and treatment of cancer as known in the literature of the world and as evaluated by the authors in the light of their own experience. Their purpose has been most excellently attained. The volume is principally concerned with the clinical phases of malignancy as such features as are peculiar to the special lesions are discussed in relation to diagnosis, prognosis and treatment. Theories are discarded in favor of knowledge. Radiation therapy, its indications, its hazards, its value when combined with surgery, are fully presented. This is a most valuable work.

The 1938 Yearbook of General Surgery. Edited by Evarts A. Graham, M. D., Professor of Surgery, Washington University School of Medicine, Saint Louis. Pp. 781. 313 illustrations. Price $3.00. Chicago: The Yearbook Publishers, 1938.

The 1938 Yearbook presents in a concise way the new development of instruments, apparatus, treatment and technic of surgery. It covers the subject matter completely, including anesthesia, asepsis and antisepsis, operative technic, improved instruments and apparatus, minor and major surgery. The subject matter as presented includes each organ and region of the body. The sequence of caption is very satisfactorily arranged, presenting the subject matter to the surgeon in such way that he is able to select that which he desires to review.

The subject matter of the different authorities and investigators is presented under the caption in a systematized and intelligent way, with reports and statistics to support the findings, except in a very few instances where the presentation is rather disconnected. This is apt to occur however, in a work of this kind where different authorities are being quoted.

The illustrations, in most instances, are excellent and give a definite and concise picture of the subject matter as discussed. A greater number of illustrations would add materially to the value of the book. Particularly is this true of new apparatus and methods of technic.

The book is well indexed affording a quick reference to the subject desired. Its connection with previous issues of the yearbook and the continuation of the trend of thought as presented in previous issues is well carried out by frequent references, giving the page and year.

It is a very valuable book for the busy surgeon because it enables him to keep in touch with new material, improve his methods, have at hand information as to new instruments, apparatus and the technic of their use, by spending only a few hours in study at night. It also affords him the opportunity of reviewing what he has read during the year and of securing those articles and opinions that he might have missed.

Practical Microbiology and Public Health. By William Bernard Sharp, S. M., M. D., Ph. D., Professor of Bacteriology and Preventive Medicine in the Medical Department of the University of Texas, etc. Pp. 492. 125 illustrations. Price $4.50. Saint Louis: C. V. Mosby Company, 1938.

This book is essentially a laboratory manual designed to give the medical student practical exercises in problems confronting public health laboratories. There is a brief explanation preceding each section to clarify the following exercises. The volume is profusely illustrated with appropriate pictures and charts. It adequately correlates bacteriology, animal parasitology with public health.

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THE FEMALE CASTRATE

Postoperative Care From an Endocrine Standpoint for the General Practitioner*

G. REGINALD SIEGEL, M. D.
Clarksville

The author wishes to assure you that it is a privilege and a pleasure to appear before you again. This time my subject will be treated briefly and more or less in the form of a follow-up to my paper of a few years ago dealing with the various menstrual disorders.

Dr. J. C. Burch has recently placed the menstrual disorders in three groups:

1. The well-known organic lesions, cancers, abortions, fibroids, and ectopics.

2. Functional dysmenorrhea, which is still a clinical bugbear to all of us.

3. Functional disturbances of the menstrual interval and flow.

The first group is well covered by text books and the second is still very little understood. It is the third group that I wish to take up.

I will attempt to discuss the postoperative care of complete or of partial castrates. In using the term, "postoperative care," I do not mean the care immediately following the actual surgery, but I have in mind the care that becomes necessary during the month following the surgery up to several years thereafter.

There was a belief in the second century when operative surgery was in its infancy that hysteria and nervousness in the female were due to the wanderings of the uterus through the human body. Galen refused to employ concoctions in an effort to induce the uterus to return to its proper place.

One can appreciate that certain cases make it imperative to perform destructive surgery. Castration or partial castration of the female is a thing most surgeons will not do unless it is absolutely essential. Medical men realize what physical change has to occur in all such cases. We have learned this by experience. The same change must take place today that took place yesterday. However, studies during the past years have made it possible to adjust or alleviate many of the disagreeable symptoms that were formerly borne by the castrate. Each woman was told that time and nature would eventually adjust her condition. Sometimes nature did adjust her condition, but most times nature failed in her attempt to replace lost bodily function.

How many of these women have you seen enter the hospital for treatment of a mild neurosis and how many have you seen condemned to the asylum as incurable? We are called upon daily to use radium and deep x-ray therapy and surgeons will continue to perform many oophorectomies and salpingectomies. Conditions necessitating this work will be with us always. Therefore, it demands that we all familiarize ourselves with body balance in order to help these patients adjust their bodies to meet the new demands as a result of ray or surgical interference.

Hormones act upon the autonomic nervous system to such an extent that we are often unable to differentiate whether the particular symptom is coming as the result of the over- or understimulation of the sympathetic or parasympathetic nervous system. We know that thyroid secretion or thyroxin stimulates the adrenals, adrenalin stimulates the sympathetic system, and the thyroid in turn is stimulated by the sympathetic. We know that pituitrin stimulates the larger bowel, the bladder, and the uterus. A great many phases of glandular secretion are known to us and we employ them daily, but many phases of therapy in replacing lost hormones are still new enough to be taken with a grain of salt. Not a few medical men in practice still consider this field of work unworthy of study.

Every surgeon who has been called upon to perform a partial or complete castration and who has had occasion to follow the case through can call to mind that now and then there is a woman who seemingly goes along nicely without any apparent disturbance of her general physical

* Read before the Sixty-third Annual Session of the Arkansas Medical Society, Texarkana, April 20, 1938.

condition. This is especially so in the partial castrate. However, for every case without symptoms of a mental or nervous nature, we will have ten that have symptoms ranging from a mild neurosis to a pronounced psychosis. Partial castrates usually menstruate irregularly and scantily. They also have the symptoms of ovarian hypofunction. In some instances the symptoms of hypofunction manifest themselves in a very short period of time. We have noted several cases as early as the third or fourth postoperative week. The atrophic changes of the breasts and genitalia do not appear so early as the tachycardia, flatulence, hot and cold flashes, vertigo, and extreme nervousness.

Hyperthyroidal symptoms are present in the majority of these cases, thinning out of the hair, brittleness of the hair and finger nails, puffiness of the face and at times the hands and feet, and growths of superfluous hair on the face and body are not uncommon. The thyroid is closely associated with the ovaries, much more so than was formerly believed. Cases of partial castration cannot or will not run true to form. A few cases have a severe menorrhagia, others amenorrhea, and still others dysmenorrhea. We now and then see a woman following operation bleed profusely from the uterus, who, in years prior to her operation had always maintained a periodic menses of normal character. Some authorities say it is due to lack of corpus luteum and others now say it is due to a disturbance of the endometrium. The only suggestion that I have to offer is that we try one, and if it fails, we may try the other in treating such cases.

We now come to the complete castrate female. These women come under the head of menopause. The younger the patient, the more pronounced her symptoms. We cannot see that the condition brought about by surgery differs greatly from that produced by radium or x-ray. You may take that as you will. The symptoms are much the same in either case. They may come on abruptly or gradually, covering a period of years. Usually, however, in all total castrates the symptoms manifest themselves as soon as the clinical manifestations have terminated.

Vasomotor symptoms appear as hot and cold distressing flushes; perspiration; vertigo; faintness; tachycardia; gastrointestinal disturbances; numbness and tingling of both the hands and feet; and occasionally vicarious bleeding from the nose, mouth, and breasts.

The nervous symptoms which are commonly present include irritability, excitability, and a very pronounced emotional instability. Psychic symptoms are encountered from a mild psychoneurosis to active psychosis. The most common types are anxiety, depressions, and compulsions.

Decrease of sexual desire may come on either abruptly or gradually over a span of several months. There are times, however, when the inhibitions of sex are removed entirely because of the diminished fear of pregnancy.

Physical changes include atrophy of the subcutaneous tissue of the external genitalia with shrinkage, a degeneration of the glandular elements of the generative tract, and the breasts lose their firmness and become soggy and pendulous. A very frequent syndrome is that of arthritis.

It would be possible to go on this way for hours in an attempt to mention the various symptoms as stated by numbers of such patients. I have definite records on one patient who charted thirty-five various points of misery in stating her case.

More and more our surgeons are endeavoring to understand patients of this type in a more kindly manner and are advising them to make use of certain well recognized glandular preparations. No one of the units can be called a criterion as yet, but we do advocate a patient trial of at least several of them before quitting a case.

It is remarkable and pleasing to note the return to normal of many of these patients after the proper endocrine substance has been decided upon and carefully administered. A few years ago it was my pleasure to present the history of several cases of the type under discussion to this body of men. One particular case that had been incarcerated in our state asylum for several years is now working every day. She is of sound mind and good health, a useful citizen, and no longer a burden upon the state.

The treatment of either the partial castrate or total castrate demands strict attention to the ever changing emotional balance of the woman. Her various complaints must be listened to carefully. We cannot turn her over to an assistant completely for her care, unless we wish to enjoy total failure in her particular case. The patient must have confidence in her physician, as well as herself, and be made to realize that most of her complaints come from a generally unbalanced nervous system.

Treatment is directed mainly toward amelioration of the vasomotor, nervous, and psychic symptoms. The total lack of menstruation, the irregular or profuse menstruation, the anatomical changes, the loss of or over-emphasized sex feeling must be born with a great deal of philos-

ophy. The extreme psychosis must be placed under psychiatric care, as well as organotherapy.

I do not wish to offer any particular drug or substance to be used in cases of this type. The treatment is one that must be worked out by each attending physician. We have any number of dependable preparations on the market that can be employed with ease and we can obtain splendid results by their use. Let me mention just a few in closing.

We have theelin in doses ranging from 50 units to 2,000 units, Antuitrin in any desirable dosage, Progynon B, whole ovary, desiccated thyroid, Pituitrin O, endometrium, corpus luteum, and sundry other preparations. The glandular preparations can be used simultaneously with any type nerve sedative desired and whatever other medication indicated during treatment. Remember in choosing your preparations for organotherapy: be sure they are standardized and made by a reputable laboratory if you expect to get results.

IN THE ARKANSAS PRESS

LET THE PRACTICE OF MEDICINE ALONE

Probably this editor is not well enough informed on the merits and disadvantages of the so-called "socialized medicine" move.

It will take a preponderance of evidence to convince him that the movement is not ill-advised.

If there is an honorable profession in the world, it is that of medicine. There is not to our knowledge a higher code of ethics. Black sheep, yes, as in every walk of life, from ministers down to professional politicians.

Doctors as a whole have taken their depression medicine along with the rest of us.

And, among other things, does not such a proposal confess at least a contemplation that the great masses of Americans are forever to remain in a state of dole-dependent doldrums?

Heaven forbid that!

—T. P. Giacomini in The Johnson County Weekly Graphic, January 19, 1939.

As never before physicians should be alert to economic changes and be informed of medical legislation and of programmes and activities of lay organizations. The passive resistance of these things affecting medical practice is only a slow form of professional suicide.—Wichita Medical Bulletin.

THE FEMALE CASTRATE*

EARLE H. HUNT, M. D., F. A. C. S.
Clarksville

The female castrate is a victim of pity. My colleague will give you his idea of the female castrate from an internist's viewpoint. He has to deal with these unfortunate creatures in many and varied ways. The surgeons have their share of worries with these patients also.

The type of female castrate helps us to help them. The female, who has been castrated because the surgeon could not save her ovaries for some reason, is perhaps the most miserable patient of them all. The day of the surgeon's removing one or both ovaries because they are cystic has passed, twenty-five years ago this was a fairly common procedure. Today the surgeon recognizes the fact that the female is as much entitled to her ovaries as the surgeon is entitled to his testicles, and until a surgeon gets this viewpoint, he should not be allowed to open a female abdomen.

The patient who has to have radium and deep X-ray for any reason is castrated as effectively as if the tubes and ovaries have been removed surgically.

The generally accepted indications for female castration are:

The Incidental Group

1. Prolonged labor with infection.
2. Obstructive tumors.
3. Abruptio placentae.
4. Carcinoma of cervix.

The Intentional Group

1. Cephalopelvic disproportion with repeated Cesarian sections (three or more).
2. Nephritic toxemia.
3. Heart conditions complicating pregnancy.
4. Low mentality (repeated pregnancies with mentally defective children).
5. Epilepsy.
6. Chorea.
7. Pulmonary tuberculosis.

In my own work, I have never done an intentional, permanent castration. I never go into a female abdomen without getting the consent of the patient and her husband or her nearest kin, to remove the ovaries and tubes—if we find that it is necessary after we get into the abdomen. I am saving ovaries and parts of ovaries that I did not save twenty-five years ago. I consider it far

* Read before the Sixty-third Annual Session of the Arkansas Medical Society, Texarkana, April 20, 1938.

wiser and better for the patient to expose them to a second laparotomy in months or years later, than to be too radical at first.

The patient with a bleeding fibroid, or in a precancerous stage, who is under forty, should be studied carefully. Radium and deep X-ray will, more than likely, cure her bleeding and the cancer condition also, but she will be a surgical and incidental castrate. If she will not submit to a laparotomy and thereby, lose one or both of her ovaries, she will have to have radium and X-ray used—but she should be talked to and lectured to. She should be firmly impressed with all of the dangers to either method and she and her husband should be made to carry their part of the responsibility.

Personally, I have never considered intentionally castrating any person. If they are mentally defective, they haven't sense enough, nor judgment enough to give their consent. In my opinion, it would still be a crime to castrate them. The arguments for and against legal castration would fill books. I have not read after any authority who claimed to know exactly what is the best solution to the subject.

In the patient who has an acute abdomen and asks the surgeon to fix her so that she will never become pregnant, we have to use our heads and our best judgment. The most of these patients will regret it if you do castrate them. A few times I have had them to over-persuade me and to satisfy their minds, I have crushed the tube and tied with cat gut. Of course, this was only a temporary sterilization. As time rolled on, all of these ladies have since had normal, healthy babies, and very glad the surgeon made a mistake in not castrating them as they had thought they wanted. We should and must be able to consider these patients' conditions and mental worries in the years to come. We can also make our own worries lighter in the future by reasoning with these patients and by taking time to tell them of the many nervous manifestations they will have later. For my part, I had rather have them bringing children into the world and not be able to educate them (they will get by some way) than to be a party to intentionally castrating one of them. So the Incidental Castrate, whether by actual surgery or by radium and X-ray is our main worry. If one is unable to save the ovaries, or a part of one anyway, he can satisfy the patient and family by telling them the truth and why they could not be saved. But she should be told that her troubles are just beginning and that she will surely have to take medicine or shots for years for her to stay in her own skin. Prepare her for the mental shock as much as possible.

I always instruct my radium and X-ray patients to come back every thirty to ninety days to be studied and to see that they are not getting out of balance mentally and physically.

The female castrate will appear in all of our offices. They will tax your ability. They will get on your nerves. But they can be helped. As time rolls on, our research chemists will give us newer and improved hormones, which will, undoubtedly, make life more pleasant for these unfortunates.

In conclusion, let me stress the temptation which confronts every surgeon. When one of these miserable, pathetic creatures begs him to perform an operation for abdominal or pelvic symptoms, which may so readily be due to neurogenic factors, he must not allow his sympathies to overrule his surgical judgment and remember that he is neither operating for the fee alone, nor to get rid of the patient, which he will not.

THE IMMUNOLOGY AND LABORATORY DIAGNOSIS OF SYPHILIS*

M. J. KILBURY, M. D.
Little Rock

Syphilis has been known to mankind for many years. According to our best reports the disease was introduced into Europe by the ship's crew of Christopher Columbus upon his return from the discovery of America in 1493. The disease rapidly spread over the countries of Europe, then Asia, then Africa, until at present it has become endemic in all countries of the world.

There has been more study and investigation of this disease than of most any other human ailment. It has been thought by some and, perhaps by too many, that the problems with reference to the diagnosis and treatment have been thoroughly solved. It is true that more things are accurately known about this condition than about any other disease with the possible exception of malaria. Notwithstanding this fact, there are a few problems which may be advantageously considered by this group. I shall confine my remarks largely to the laboratory diagnosis of this condition.

Let us follow the spirochete in its career through the human body. We will say that the organism enters through an abrasion of the skin or of the mucous surface. At this time there is little or no resistance manifested by the host. There is no specific immunity. It must be true that man possesses considerable non-specific antibodies. However, at the time of entrance the host possesses little resistance. The organism infiltrates the tissue and enters the blood stream and multiplies rapidly.

During the first weeks of the infection, during the incubation period, the host experiences no ill effects, but as the germ multiplies it stimulates the formation of antibodies by the tissue cells. It is at this time that the chancre begins to form. The circulating antibodies are drawn to the point where the greatest number of spirochetes are found at the point of entrance or inoculation. The first manifestation is a small maculo-papulur lesion. This is soon followed by a small crater-like lesion. As the result of occlusion of blood vessels necrosis takes place. True inflammation does not take place until the lesion becomes secondarily infected.

What happens during the secondary stage? In a period of six weeks or two months immune substances rapidly develop. The spirochete also develops rapidly. It is now known that the skin possesses great ability to form antibodies (Kahn). There will therefore be great attraction of antigen to the points of greatest antibody accumulation. We therefore have skin eruptions. This phenomenon is simply a replica of the chancre formation, in other words, multiple chancres. It is during the secondary stage that the host harbors the greatest number of organisms and immune substance is found in the largest amounts. This is the stage of the greatest activity. The battle between antibody and antigen is at its peak. If the disease is ever terminated without treatment it is quite probable that it is following this stage. It would seem that after this stage treatment would be of the greatest value.

What of the tertiary stage? The skin and other tissues seldom succeed in producing sufficient antibody to bring about spontaneous cure. While the organisms are being destroyed in the skin those in the deeper tissues are meeting with more success. The spirochete meets with less resistance in the liver, vascular tissue, brain, etc., and as a result, considerable areas of necrosis develop. This tissue is called gumma due to its similarity to ordinary gum. The walling off by fibrous tissue is a non-specific tissue reaction. If the disease is not terminated in this stage neurosyphilis may develop, sometimes called the fourth stage.

I have reviewed these more or less elementary facts to form a basis for a few things I wish to discuss with reference to diagnosis.

During the chancre stage the organism may be found by dark field examination. This is the most positive test we have for syphilis. It is quite satisfactory when one can examine a lesion which has not been subjected to medication. Whenever possible one should have a dark field examination of a primary lesion. Regarding these lesions one may be quite sure of typical lesions, but atypical lesions are difficult of clinical diagnosis. In other words it is easier to say definitely what is a chancre than what is not a chancre. If one fails to obtain a positive dark field test, it is advisable to defer treatment until the serological tests become positive. This is better than placing the labels of syphilis on a patient before the diagnosis is made, since he will carry this label the rest of his life.

All serological tests depend upon the presence of antibodies; a fact that is not sufficiently appreciated. Before the development of the primary lesion the serological tests will be negative because there is not sufficient antibody present to give a positive test. Soon after the development of the chancre, the Kline, Kahn and Was-

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serman become positive, usually in the order named. Occasionally the serological tests will be positive in the presence of a positive dark field.

Sometimes the chancre does not develop. This may be explained in two ways: (1) The antibody may be slow in developing and the organism may disappear from the original site before it develops, (2) The organisms may not accumulate at the original point but enter the lymphatics and the blood stream at once. In this case the disease may not be ushered in by a chancre. We are therefore able to explain why so many syphilitic patients give a negative history of a genital sore.

During the secondary stage the serological tests are strongly positive due to the presence of a large amount of antibody. There should be little chance of error in laboratory diagnosic tests during this stage.

As the tertiary stage develops, the antibody decreases and fluctuates. It is possible to have a walled-off gumma in the liver and the Wasserman test may be weakly positive or perhaps negative. The spirochetes may be present but they are closed in and are not stimulating antibody. In the event this gumma breaks down, the organisms come in contact with tissue cells and antibody may be redisseminated and the tests become positive again.

What is late syphilis? Let us consider the aneurysm of the aorta. Here we have a condition which is the result of active work of the spirochete. They have accomplished their destruction in the wall of the blood vessel. The organisms have ceased to be active and are producing no antibody. We have here a clinical manifestation of syphilis with perhaps a negative blood test.

Another example which may be cited is that of tabes dorsalis. The spirochete has been present in the cord and produced destruction of the nerve tissue but they are not producing antibody. The house has been practically wrecked but the inmates have left. The patient will present definite symptoms of neuro-syphilis but the blood Wasserman may be negative. I have seen a few cases of neuro-syphilis in which the blood and spinal fluid tests have been negative.

I shall merely mention tests of the cerebrospinal fluids. In late syphilis when the disease involves the brain and cord, the spinal fluid may give a positive test. During active cerebrospinal syphilis, the cell count of the spinal fluid may be very high, 100 cells per cubic millimeter or more. In general paresis the cell count is increased averaging between 20 to 30 cells per cubic millimeter. Another finding of value is that of globulin. This may be tested by Noguchi's method —by precipitation with butyric acid. This is present in large amounts in active cerebrospinal syphilis and is also found in general paresis and tabes dorsalis. Increased globulin may be found in other pathological lesions of the brain and cord.

Globulin manifests specific reactions with certain colloidal solutions, such as gum mastic, gum benzoin, and colloidal gold solutions. In Lange's test the spinal fluid set up with a series of different dilutions, gold chloride solution, shows certain curves indicative of different phases of neuro-syphilis. The paretic curve may be found in cerebrospinal syphilis and general paresis. A tabetic curve may be found in tabes dorsalis. These tests are valuable in differentiating types of neuro-syphilis. Changes in these curves are valuable indications as to progress of the disease.

I have mentioned several conditions in which one may expect false negatives. They are not false because they show the condition as it really exists—the negative indicates the absence of antibody. Spirochete may be present in the body and there may be physical findings indicative of lues.

Sometimes a patient will be sent to several laboratories in order to obtain a positive test. This is usually unnecessary if one will keep the above mentioned facts in mind.

False positives should receive some consideration. It has been estimated that better than 1% of all positive Wasserman tests are false; occasionally a normal person will show a slightly positive serological test. Some of the tropical diseases give positive results, such as yaws, leprosy, etc. Very few cases of malaria will give a positive Wasserman finding but false positive tests do occur in this condition. One should not rely too strongly on the tests when the patient is in an active state of malaria. Cases in febrile state are more likely to give positives. Antibody substances are present in the blood of these patients and they may give non-specific reactions.

Cases in which considerable exudate is being absorbed or where there is extensive necrotic tissue may show false positives. I refer to cases of lobar pneumonia, advanced tuberculosis or carcinoma.

During pregnancy slightly positive tests may be obtained in a very small percentage of cases. During this state serological tests are not quite as reliable as when the body is in a normal metabolic state.

Blood tests are probably not as reliable immediately after a course of treatment as are those done after a period of thirty days has elapsed. I believe one should wait about thirty days after the completion of a course of treatment before taking a blood test. Some cases become negative after one course of treatment; others remain positive after two or more courses. A very small number remain positive after repeated courses of treatment. We should always aim to obtain a negative blood test. I do not think we should be too greatly disturbed over a Wasserman fast case. We should remember that we give treatment to destroy the spirochete but we test for an antibody. In some patients the antibody may persist long after the organisms are destroyed. When one encounters a Wasserman fast case treatment should be varied, for example, a change from one heavy metal to another may bring about a negative reaction.

At this point I wish to consider the various tests for syphilis. They may be divided into two classes; the complement fixation tests which include the Wasserman and its modifications, the precipitation tests which include the Kahn, Kline and Ball tests. There are about 30 of these tests in use. They all have merit when properly carried out. This condition, however, renders the interpretation difficult as the specificity and sensitivity of these tests vary. In our laboratories, we use the Kolmer, Kahn and the Kline tests. Each worker naturally likes the test with which he has had the most experience. The interpretation of all blood tests should be done by a clinical pathologist who has had considerable experience both with clinical and laboratory manifestations of syphilis.

We rely too much on the Wasserman test per se. For example, a doctor has a patient who presents diagnostic difficulties. He decides to eliminate syphilis, which is not a bad idea. He takes blood with a syringe which may not be too clean and puts it into a test tube which may not be too clean. He sends it to a laboratory about 100 miles away where they are supposed to carry out the Wasserman test. The weather may be warm and the blood delayed in transit; bacterial growth and hemolysis may take place. It may be four or five days before the blood is examined The tests may be done by technician who has had limited experience. She interprets the results and returns the report, X, XX, XXX or XXXX. The doctor tells the patient he has syphilis without considering the possibilities of error, and without further clinical investigation, treatment is instituted. The patient is labeled a syphilitic. He must carry this stigma the rest of his life. He may lose his job; his wife may learn of the report and divorce him. Such things happen too frequently because we do not appreciate the possibilities of error in the above procedure.

In cases where reports are returned that are not supported by clinical findings the patient should be sent to the laboratory where blood can be taken under aseptic conditions and properly preserved until it can be tested. The blood should be tested in a laboratory supervised by a doctor who has a comprehensive knowledge, not only of serology, but also of the clinical manifestations of syphilis.

It is possible for the technician to learn the serological test for syphilis in the time required by the Technician's Registry (twelve months). These technicians may do good work under competent direction. The diagnosis of syphilis should not be placed in the hands of a technician. It requires a basic knowledge of clinical pathology, bacteriology, serology and chemistry to properly intrepret serological tests.

TABLE 1

ST. VINCENT'S INFIRMARY

Year	Total No.	Neg.	Pos. (3X-4X)	% Pos.	Doubt. (1X-2X)	% Doubt.
1934	160	129	23	14.3	10	6.5
1935	208	168	16	7.7	16	7.7
1936	255	218	17	7.0	20	8.0
1937	240	203	21	10.0	16	8.0
	863		77	Ave. 9.75%		Ave. 7.3%

Table 1. The above table gives a review of the blood Wassermans done in St. Vincent's Infirmary during the last four years. Routine Wassermans are not done in this hospital. Wassermans are only done as they are ordered by the physician in suspicious cases. The percentage of positive results is rather low in this series of cases as is the percentage of doubtful cases.

TABLE 2

WASSERMAN CENSUS OF THE MISSOURI PACIFIC HOSPITAL ASSOCIATION

Year	Total	Pos.	%	Suspic.	%
1926	578	60	6.5	144	25.0
1927	1,522	115	7.5	187	12.2
1928	1,647	182	11.05	130	8.0
1929	1,556	242	15.5	110	7.06
1930	1,348	186	13.7	79	6.0
1931	1,160	187	16.1	93	8.01
1932	987	124	12.5	92	9.3
1933	894	148	16.5	24	2.6
1934	951	136	14.4	41	4.3
1935	896	134	14.9	36	4.01
1936	976	117	12.0	46	4.7
1937	1,163	98	8.4	112	9.6
	13,678	1,719	12.5	1,104	8.0

The above table gives the review of the blood Wassermans done at the Missouri Pacific Hospital during the years from 1926 to 1937, in-

clusive. It will be noted that 13,678 Wassermans were done. Of these 1,719 were definitely positive, giving a percentage of twelve and five-tenths percent. 1,104 specimens showed a slight serological reaction but not sufficient evidence to make a diagnosis from the laboratory standpoint. These were reported suspicious, the percentage averaging eight percent for the twelve years. Serological tests are done routinely on all patients in this hospital. One will note that the percentage of positive bloods remained fairly constant during the years from 1927 to 1936, ranging between 11% and 15%, but during the year of 1937 the percentage of positive dropped considerably. I am unable to account for the sudden drop in the percentage of positives here. The percentage of suspicious blood reported was nine and six-tenths percent, which is a marked increase for that year.

TABLE 3

Year 1937—State Hospital

Total number of blood Wassermans and Klines	2,914	
Positive Wassermans and Klines	285	9.7% positive
Negative Wassermans with positive Klines	198	6.7% suspicious
Wassermans and Klines 1 or 2 plus	98	3.2% slightly suspicious

Review of 1,000 Cases

Staff and laboratory agree in 979 cases.

Laboratory found syphilis, staff did not in 10 cases.

Staff found syphilis, laboratory did not in 11 cases.

Cerebro-Spinal Fluids

Total number Wassermans—

384 Positive 111 negative 253 29% positive

Total number Gold Curves—

301 Positive 118 negative 243 39.5% positive

30% of positive blood Wassermans show definite evidence of neurosyphilis.

The above table gives a complete resume of the serological work done at the State Hospital during the year 1937. One will note that the percentage of definitely positive Wassermans is nine and seven-tenths percent while the percentage of suspicious or slightly suspicious runs nine and nine-tenths percent. One would expect a higher percentage of suspicious or partially positive tests in this hospital as a great many of old and treated cases are received here, which would have a tendency to increase the percentage of suspicious bloods. It is also interesting to note that there was agreement between the laboratory and the staff in all except 21 cases out of 2,914 cases. The laboratory and the staff make their diagnosis more or less independently in this hospital. About 30 percent of all cases of the positive Wassermans in this hospital show evidence of neuro-syphilis, that is they show positive findings in the spinal fluid.

In a general review one will note that probably the percentage of positive Wassermans show some tendency to decrease. On the other hand,

TABLE 4

PRIVATE LABORATORY

Year	No. Neg.	% Neg.	No. Pos.	% Pos.	No. Doubt.	% Doubt.	No. Susp.	% Susp.	Total No. Per Yr.
1930	145	58	50	20	15	6	38	15	248
1931	215	41	105	20	58	11	139	27	517
1932	238	54	56	13	34	8	107	24	435
1933	228	66	58	17	13	4	44	13	343
1934	438	67	135	20	27	4	54	8	654
1935	346	66	113	21	21	4	41	8	521
1936	374	66	105	18	49	8	38	7	566
1937	453	74	58	9	37	6	60	10	608
	2,437		680		254		521		3,892

Ave. % of negative Wass. for 8 yrs. 62

Ave. % of positive Wass. for 8 yrs. 17.5 3 plus and 4 plus

Ave. % of doubtful Wass. for 8 yrs. 6.5 2 plus

Ave. % of suspicious Wass. for 8 yrs. 14.0 1 plus

The above table is a very thorough review of the blood Wassermans done in my private laboratory during the past eight years. It will be noted that the number of Wassermans is increasing. The percentage of negative Wassermans seems to be increasing and the percentage of positive naturally decreasing. On the other hand the percentage of doubtful show some tendency to increase. Total number of blood Wassermans during the eight years is 3.892. With reference to the above tables, I wish to say that at St. Vincent's, my private laboratory and at the Missouri Pacific Hospital, all under my direction, we use the Kolmer modification of the Wasserman and the Kahn and Kline test on each serum. At the State Hospital we use the Kolmer modification and the Kline Test. We plan to include the Kahn test in this institution very soon.

the percentage of suspicious or doubtful cases in definitely on the increase. This is as would be expected, due to the fact that there are now so many cases appearing for blood tests who have had some treatment and they naturally would present doubtful findings. There has been a great deal of work done with different tests with the view of making the serological test more simple. It is my opinion, however, that the diagnosis from the laboratory standpoint syphilis is becoming more difficult and requires more careful technique than ever before due to the number of doubtful cases which one encounters. These doubtful cases must be run by several tests and should be checked and rechecked and studied carefully along with clinical symptoms before a definite diagnosis can be made.

I wish to say in closing that when a man has syphilis he is sick and needs a doctor. Each case presents its peculiar manifestations. I do not think the disease can be successfully treated by a slide rule method. I think the U. S. Public Health Service has done a good job in educating the public as to the problem of syphilis. The treatment can best be done, and should be done, by the family physician. When he does not wish to treat the patient he should refer him to a competent specialist.

Too much of the diagnosis is being left to incompetent technicians. Osler said: "He who would know syphilis, must know medicine." A corollary to this rule, might be: If one would treat syphilis successfully, he should know medicine.

REMEMBER THE NAME "SULFAPYRIDINE"

Recent reports from investigators indicate that a pyridine derivative of sulfanilamide [2(-aminobenzene-sulphamido) pyridine or sulfanilamidopyridine] is apparently more promising in the treatment of certain types of pneumonia than sulfanilamide itself, the Council on Pharmacy and Chemistry of the American Medical Association says in The Journal of the American Medical Association for January 7.

A number of investigators, and manufacturers as well, requested the Council to coin a nonproprietary designation for this product. The Council has therefore adopted the term "sulfapyridine" (suf-a-pyr-i-dine).

The product is in an experimental stage and according to information the government has not licensed it for interstate sale. The council will publish a preliminary report on this product in the near future.—Spokane County Bulletin.

MOTION PICTURES

The American Medical Association has a number of motion picture films for loan, among which are several on Physical Therapy. The borrower is expected to pay the expenses both ways, and is expected to be careful when running them.

It would be appreciated if you would place a notice in your State Journal to the effect that they may be had for the asking.

Dr. Thomas G. Hull, Director, Scientific Exhibit, has charge of the distribution.

Very truly yours,

HOWARD A. CARTER, Sec.
Council on Physical Therapy,
American Medical Association.

Ed.—Some of the films available are:

Syphilis—A Motion Picture Clinic
Sound. 35 mm., 9 reels; also 16 mm., 2 large reels, 1,600 ft. each. Running time, about 1½ hours.

Cancer—(Anti Cancer Film).
Silent. 35 mm., 3 reels. Running time, about 45 minutes.

Blood Circulation (Harvey Blood Film).
Silent. 35 mm., 3 reels. Running time, about 45 minutes.

Blood Transfusion.
Silent. 16 mm., 1 large reel, 1,200 feet. Running time, about 45 minutes.

Comparative Physiology of Labor.
Silent. 16 mm., 4 reels, total about 1,400 feet. Running time, about 1 hour.

Effects of Heat and Cold on the Circulation of the Blood.
Silent. 16 mm., 1 reel, 300 feet. Running time, 12 minutes.

Effects of Massage on Circulation of Blood.
Silent. 16 mm., 1 reel, 200 feet. Running time, 8 minutes.

Contraction of Arteries and Arterio-Venous Anastomoses.
Silent. 16 mm., 1 reel, 250 feet. Running time, 10 minutes.

Therapeutic Exercises for the Shoulder Joint Following Dislocation.
Silent. 16 mm., 1 reel, 250 feet. Running time, 10 minutes.

Treatment of Compression Fracture of the First Lumbar Vertebrae.
Silent. 16 mm., 1 reel, 300 feet. Running time, about 12 minutes.

Aids in Muscle Training.
Silent. 16 mm., 1 reel, 300 feet. Running time, about 12 minutes.

Underwater Therapy.
Silent. 16 mm., 1 reel, 400 feet. Running time, about 16 minutes.

Occupational Therapy.
Silent. 16 mm., 1 reel, 300 feet. Running time, 12 minutes.

Massage.
Silent. 16 mm., 1 reel, 100 feet. Running time, 4 minutes.

Motion pictures for the public:

A New Day.
Sound. 16 mm., 1 reel, 400 feet. Running time, about 12 minutes.

A dramatized film on the prevention and treatment of pneumonia.

Prevention of Burns.
Silent. 16 mm., ½ reel. Running time, about 7 minutes.

A dramatized picture depicting the prevention of burns in children, with a short presentation of tannic acid treatment.

Men of Medicine.
Sound. 16 mm., 1 reel, 800 feet. Running time, about 30 minutes.

THE MARCH OF TIME—produced by the Editors of Time and Life, 369 Lexington Ave., New York City.

THE JOURNAL

OF THE

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W. R. BROOKSHER, M. D., Editor

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NEWS—Our readers are requested to send in items of news, also marked copies of newspapers containing matter of interest to the membership.

EDITORIAL

PLANS FOR MEDICAL CARE

Stimulated by the action of the House of Delegates of the American Medical Association in special session in Chicago during September, 1938, a number of state medical socities are making studies looking toward the development of plans for medical care of the low-income group. None of the plans have reached the stage of final details and application but it is possible to briefly comment upon their general nature at this time.

The California State Medical Association is working toward the provision of medical care to low-income groups in that state on a fixed fee basis. Final drafts of the program are incomplete; there is no mention of the fee to be charged. It is believed that the Society will encounter difficulty in pre-determining a proper fee for medical service and that the returns to physicians will be low because of the inadequacy of the pre-determined cost price.

In New York there are plans under way for making available cash indemnity insurance to be used for the payment of medical bills. Legislative action is required before this plan can be placed in effect. The first ten dollars of the medical fees must be met by the patient from his own funds, the balance up to $500 in any one year will be assumed by the insurance agency, which makes payment direct to the attending physician. Fees are based upon the compensation fee schedule of the state and are generally considered fair. The plan appears to have merit and be workable. The ten dollar deduction will exclude the natural tendency to make small bills, yet will not preclude the services of a physician in serious illness. The organization is on a non-profit basis but is not officially a part of the medical society.

The Michigan State Medical Society is proceeding toward the adoption of a unit system, the insured will be given a certain number of units of medical service for a given fee. Use of 1,000 units will cause cancellation of the coverage, necessitating the purchase of additional units.

Utah is making attempts to put into effect a system of compulsory insurance, a plan of dubious merit, it would seem, and of value only for experimental purposes. If the rate should initially be set too low, difficulty will be encountered in raising it. The medical profession seems to be destined to underwrite the plan by furnishing the necessary services for whatever money is available after all administrative costs are met.

This wide variety of plans will offer much to other state societies which may ultimately seek to develop their own schemes. In the final analysis, any method whereby medical service is to be furnished to the low-income group of any state must first of all consider the peculiarities of the situation in that state, whether these be geographic, climatic, political, economic or other.

THE SURVEY

As a part of the Survey on Medical Needs and Care in Arkansas, a series of three forms was distributed to all physicians and dentists in the state. Of these, the second series constituted a record of free and pay work done for a period of seven days in October or November, 1938. 263 forms were returned to the office of the state secretary from the following counties: Arkansas, Ashley, Boone, Chicot, Crawford, Desha, Franklin, Garland, Grant, Hempstead, Independence, Lawrence, Lincoln, Miller, Phillips, Prairie, Pulaski, Randolph, Sebastian, Union, Washington and Woodruff. Of the 263 forms, 26 were incompletely filled out and, therefore, of no value for statistical purposes. Returns were received from 24 dentists and from 58 physicians who

indicated that they gave special attention to some specialty. There were thus available for analysis returns from but 155 of the state's general practitioners. Such a return is obviously too incomplete to warrant an exhaustive study and not sufficient to indicate any trends in the course of medical practice. Despite constant and repeated effort on the part of the state committee, many counties have given no attention to the completion of the survey, organized medicine's own effort at the determination of the needs and supply of medical care as found in Arkansas. Sixty-two physicians elected to make comment as provided for on the report. Some of the comments are given below: "Medicine is of little avail to indigents who have insufficient and improper food and housing." "No honest person has been denied any kind of medical care so far as I know." "I feel that the care of the indigent sick should be placed in the hands of local physicians, not the welfare workers." "We do not object to giving our time and talents to the poor, but it is deplorable that there are no funds for hospitalization." "The government is taking away from the indigent their desire to help themselves." "Some provision should be made for the indigent without their having to call on the private practitioner to shoulder the burden." "If I am spared to live on I hope to be able to care for the sick, rich and poor, good, bad, or indifferent, as I have in the years gone by." "Two patients allowed hospitalization per month in a county of 22,000 population is not sufficient." "Hospitalization pay for the indigent is fair. I think there should also be pay for medical fees." "Too many people receive free services from health officers who are able to pay a private physician."

The final report of the state committee on the survey will doubtless be available in advance of the state meeting and, if practicable, will be published in The Journal.

MORTALITY FROM APPENDICITIS

R. B. ROBINS, M. D., F. A. C. S.

There is no mortality from acute appendicitis. Nobody dies of acute appendicitis itself—death is always due to some complication and in over ninety per cent of the cases the complication is peritonitis. The so-called mortality from appendicitis could be reduced to less than one per cent because statistics show that in competent hands cases operated on within the first twenty-four hours of the disease show a mortality of less than one per cent.

Much has been said in recent years about the rising mortality from appendicitis in this country. Surely this is more apparent than real. In 1928 there were more than 15 deaths per hundred thousand population; in 1935 there had been a reduction to 12.8 deaths per hundred thousand. In Arkansas in 1937 the rate was 11.5. These mortality figures show a wide variation among the different States of the Union; South Carolina shows the lowest rate (8.4) and Nevada the highest (26).

There are two points to be kept in mind regarding statistical figures in appendicitis the past few years as compared to a number of years ago. First, it must be kept in mind that physicians are better acquainted with the disease and it is more accurately diagnosed than it formerly was. No doubt in years gone by many deaths which were actually secondary to appendicitis were diagnosed as something else. In the second place, there is not much question that the incidence of appendicitis is greater in the United States than in any other country. Since we have more appendicitis in this country than in others it is reasonable that we will have a death rate per hundred thousand population which is higher than other countries show.

It occurs to many surgeons that at the present time there are two things to be considered in further reducing our present mortality rate.

In the first place, there is need for a nation-wide educational campaign by public health agencies which will acquaint the public with the disease, the danger of delay and the danger of taking cathartics and other medications, which are so broadly advertised over radio today, and which promote self-medication.

Most of the deaths in this disease are in young individuals—in people whose productive years are before them. Yet greater stress has been placed on public education in regard to cancer, heart disease and other conditions which affect people whose productive years have almost already been spent.

In the second place, it is felt that there should be a greater respect among the rank and file of surgeons for conservative management of the delayed case. Ochsnerization of the delayed case is not looked upon as a substitute for operation but rather as a method of preoperative preparation. Ochsner's method has been modernized to some extent and is being used quite advantageously in many many instances. Wangansteen nasal suction drainage, the heat tent, intravenous glucose-saline, perfringens antitoxin

and parenteral sulfanilamide are additions to the Ochsner plan the past few years.

After all has been said it may be finally stated that any surgeon who has the responsibility for the care of a patient with delayed appendicitis has a problem that will tax his skill and best judgment.

EDITORIAL COMMENT

"WHAT EVERY CITIZEN OF ARKANSAS SHOULD KNOW"

The Journal is repeating publication of the article, "What Every Citizen of Arkansas Should Know," offering a supply of this leaflet to the members for distribution to patients. It is the obligation of every member of the Arkansas Medical Society to obtain a supply of these leaflets and to see that they are placed in the hands of their patients and interested laymen. If the physicians of Arkansas will not tell the citizens of Arkansas about the evils of socialized medicine and regimentation of the medical profession, whom do you think will do this? Write for your supply now.

OBITUARY

HERCULES R. WEBSTER, aged 83, died at his home in Texarkana February 16th. Born in Davis County, Indiana, in 1856, he graduated from the Saint Louis College of Physicians and Surgeons in 1881 and immediately moved to Texarkana, where he practiced medicine until his retirement in 1933. He assisted in the organization of the Miller County Medical Society and served as its first secretary. The compulsory vaccination law, which Arkansas adopted first of all the states, was written by him. He was an honorary member of the Miller County Medical Society and of the Arkansas Medical Society and an affiliate fellow of the American Medical Association. For many years he had served as surgeon for the Kansas City Southern and the Cotton Belt railroads. Surviving relatives are his wife, a daughter and a son.

JOSEPH B. TRICE, of Van Buren, aged 61, died in a Fort Smith hospital February 10th after an illness of several years. He had practiced medicine since 1905 and was a medical missionary for the Methodist Episcopal Church South for several years in Korea. Surviving relatives are his wife, a son and a daughter.

PROCEEDINGS OF SOCIETIES

Randolph County Medical Society has elected the following officers: President, W. O. Loftis, Pocahontas; Vice-president, E. L. Handley, Pocahontas; Secretary-treasurer, M. A. Baltz, Pocahontas; Delegate, J. W. Brown, Pocahontas, and Alternate, J. R. Loftis, Pocahontas.

Chicot County Medical Society has elected the following officers: President, E. P. McGehee, Lake Village; Vice-president, C. G. Leverett, Eudora; Secretary-treasurer, W. J. Schwarz, Lake Village; Delegate, E. Baker, Dermott, and Alternate, J. H. Burge, Lake Village.

Boone County Medical Society has elected the following officers: President, H. V. Kirby, Harrison; Vice-president, J. H. Fowler, Harrison, and Secretary-treasurer, W. L. Watkins, Alpena Pass.

The Drew County Medical Society has elected the following officers: President, J. S. Wilson; Vice-President, J. P. Price, Jr.; Secretary-Treasurer, Van C. Binns; Delegate, J. P. Price, Jr., and Alternate, R. D. Dickins.

The banquet of the Alumni Association of the University of Arkansas School of Medicine January 31st was addressed by Val Parmley, Frank Vinsonhaler, J. N. Compton, F. A. Corn and W. A. Snodgrass.

The Phillips County Medical Society has elected the following officers: President, O. Parker, Wabash; Vice-President, J. A. King, Elaine; Secretary-Treasurer, H. H. Rightor, Helena; Delegate, A. H. Maddox, Elaine, and Alternate, A. W. Cox, Helena.

The Pulaski County Medical Society met February 6th for the following program: "Carcinoma of the Lung," Harvey Shipp; "Carcinoma of the Bladder," H. Fay H. Jones; "Carcinoma of the Rectum," Hoyt R. Allen, and "Carcinoma of the Cervix," Glenn Johnson.

The sixth postgraduate course of the Society was conducted by the Committee on Postgraduate Study at the University of Arkansas School of Medicine January 31st and February 1st with the following program: "General Considerations of Empyema," Harvey Shipp, Little Rock; "Treatment of Ureteral Calculi," H. Fay H.

Jones, Little Rock; "Clinic on Plastic Surgery," Ellery C. Gay, Little Rock; "Clinic on Hypertension," S. C. Fulmer, Little Rock; "Clinic on Edema," J. N. Compton, Little Rock; "Internal Fixation of Fractures of the Neck of the Femur," Jos. F. Shuffield, Little Rock; "X-ray Therapy Clinic," B. A. Rhinehart, Little Rock; "Clinicopathological Case Presentation," Fort Smith Medical Luncheon Club; "Clinic on Rheumatic Diseases," Euclid Smith, Hot Springs National Park, and "Artificial Pneumothorax in the Treatment of Pulmonary Tuberculosis," D. T. Hyatt. The guest speakers were Cyril M. Macbryde and F. D. Gorham of Saint Louis.

The Benton County Medical Society met in dinner session at Rogers February 9th for the following program: "Sedimentation Rate in Gynecology," M. E. Foster; "Socialized Medicine," S. J. Wolfermann, and "Roentgen-ray Treatment of Infections," W. R. Brooksher, all speakers of Fort Smith.

The Craighead-Poinsett County Medical Society met in dinner session at Jonesboro February 2nd. Speakers were S. J. Wolfermann, Fort Smith, "The Diagnosis of Acute Intestinal Obstruction"; E. W. Norris, Jr., Hot Springs National Park, "The Syphilis Program of the United States Public Health Service at Hot Springs National Park," and W. R. Brooksher, Fort Smith, "Compulsory Health Insurance."

The regular monthly meeting of the Ouachita County Medical Society was held February 2nd at the Camden Hospital in Camden. A dinner session was held with the following speakers: "Mother and Baby," E. H. White, Little Rock, and "Tuberculosis of the Urinary Tract," G. W. Reagan, Little Rock.

R. B. Robins, Secretary.

The Independence County Medical Society met February 13th in dinner session at Batesville. The following scientific program was presented: "Hernia" (motion picture), A. M. Elton, Newport; "Heart Block," M. S. Craig, Batesville, and "Tularemia," Paul Jeffery, Bethesda. The society will next meet with the Second Councilor District Medical Society at Batesville, April 10th.

J. B. Askew, Secretary.

Clay County Medical Society has elected the following officers: President, J. P. Hiller, Pollard; Vice-President, W. J. Blackwood, Rector, and Secretary-Treasurer, J. E. McGuire, Piggott.

Arkansas County Medical Society has elected the following officers: President, C. W. Rasco, Jr., DeWitt; Vice-President, Arthur Fowler, Humphrey; Secretary-Treasurer, R. H. Whitehead, DeWitt; Delegate, M. C. John, Sr., Stuttgart, and Alternate, E. B. Swindler, Stuttgart. The February 7th meeting of the society was addressed by M. J. Kilbury and H. W. Hundling, Little Rock, on "Pathologic Conditions of the Kidney."

R. H. Whitehead, Secretary.

Sebastian County Medical Society was addressed February 14th by Raymond T. Smith, "The Appearance of the Ear Drum in Certain Middle Ear Conditions" (colored slides).

Ralph E. Weddington, Secretary.

The Lawrence County Medical Society was addressed February 14th by J. B. Elders, Walnut Ridge, "Syphilis," and C. C. Townsend, Walnut Ridge, "Medicine as it is or State Medicine?"

T. C. Guthrie, Secretary.

Announcement is made of the publication of "Gastrointestinal Dysfunction" by Barton A. Rhinehart, Little Rock, a review of the symptoms of non-infectious colitis, of gastritis, of peptic ulcer, of spastic constipation, and of other functional disorders of the gastrointestinal tract. The entire subject of gastrointestinal dysfunction is completely reviewed, the types of people affected, the anatomy of the tract, the muscles, the roentgen-ray findings, the symptoms, together with treatment and management of these cases and illustrative case reports. The book is offered to readers at the pre-publication price of five dollars from the Central Printing Company, 209 Louisiana Street, Little Rock, Arkansas.

If you want a bigger Journal of the Arkansas Medical Society, with more clinical papers and more news features, it can be done—with your help. The size of your Journal depends largely on the amount of advertising revenue. Present advertisers will continue to use our pages, if you use their products, and tell their detail-men that you saw their advertisement in your Journal. Ask the detail-man representing a company which does not advertise, "Why not?" Remind him that the circulation of The Journal is the largest in its history; that 1,200 Arkansas physicians receive a copy each month; and that a great majority are reading it from cover-to-cover each month.

PERSONALS AND NEWS ITEMS

E. E. Estes has been elected a director of the Fordyce Chamber of Commerce.

Leon E. King, Hot Springs National Park, has been elected to Associate Fellowship in the American College of Physicians.

Hugh Johnson has been elected a director of the Salvation Army at Fort Smith.

J. F. John has been elected a director of the Bank of Eureka Springs.

H. H. Rightor has been elected vice-president of the First Federal Savings and Loan Association of Helena.

D. K. McCurry, Green Forest, has been elected a director of the Carroll County Electric Cooperative.

D. W. Goldstein, Fort Smith, recently addressed the Women's Club of Springdale on "Cancer and Social Diseases."

J. H. Hellums, Dumas, has been elected a director of the Walnut Lake Country Club.

W. P. Ward has been elected a councilor of the Fordyce division, DeSoto Council, Boy Scouts of America.

Leon E. King has taken over the practice of the late Maurice F. Lautman at Hot Springs National Park.

Allyn R. Power, Hot Springs National Park, has announced the addition of fever therapy.

Howard Farmer, formerly of the Missouri Pacific Hospital at Little Rock, is located at Co. 768, CCC, Oden, Arkansas.

I. F. Jones addressed the Fort Smith Exchange Club February 3rd on "Syphilis."

R. B. Robins, Camden, addressed the Woman's Auviliary to the Union County Medical Society at El Dorado February 14th on "Socialized Medicine."

A. M. Washburn recently addressed the Little Rock Civitan Club on the premarital examination law.

Married—At Little Rock, February 2nd, L. Gardner and Miss Charlotte Inez Hurtt, of Russellville.

T. P. Foltz addressed the Fort Smith Lions Club February 7th on "Syphilis."

Elizabeth Fletcher Dishongh recently addressed the psychology class of Henderson State Teachers College on mental diseases.

E. H. White, Little Rock, recently attended a regional meeting of the alumni of Harvard University in Saint Louis.

A. W. Strauss, Little Rock, has been appointed to the board of trustees for the Tuberculosis Sanatorium for Negroes.

A. S. J. Clark, formerly of Clarendon, has been transferred as Health Officer in Charge of District No. 16 at Ozark.

I. N. McCollum, Conway, recently suffered a fracture of the patella.

Val Parmley addressed the Little Rock Exchange Club February 13th.

E. H. White, Little Rock, has been elected a director of the University Athletic Club.

OBITUARY

CHRISTOPHER C. GRAY, aged 79, died at his home in Batesville February 17th. Born in Independence County in 1860, he attended the public schools and Arkansas College and graduated from Vanderbilt University School of Medicine in 1905. He had continued in active practice until October, 1934, when he suffered a cerebral hemorrhage, which had since confined him to his home. He was an honorary member of the Independence County Medical Society and of the Arkansas Medical Society. Surviving relatives are his wife, five daughters, and three sons, one of whom, Dr. John W. Gray is in practice at Oklahoma City.

JAMES HOUSTON WEST, aged 60, of McCrory, died in a Memphis Hospital January 29th. Born October 23, 1879, in White County, he graduated from the University of Arkansas School of Medicine and had practiced in White and Woodruff counties for the past 40 years. He had served the Woodruff County Medical Society as vice-president and as president. Surviving relatives are his wife, three daughters and a son.

RANDOM THOUGHTS OF THE SECRETARY

January 20th. This day Bill Arnold is initiated into the ranks of the roentgenologists, learning well that a 10 MA. tube will not continuously carry 100 MA. Not without misgivings does he meditate over this misfortune. Now is as good a time as any for him to acquaint himself with the shadows which lie over the roentgenologist's province; his colleagues will provide many another for him.

January 23rd. Of all days this would be the one for us to journey across Montgomery County, eager to maintain its independence against aggression from Garland County. Viewing Norman, Caddo Gap and Glenwood for the first time in a career which has missed but few points of Arkansas, we are cognizant that with fairer weather, this is a region of scenic beauty. Speaking to the Garland County Auxiliary at the new home of the Chamberlains on the street yclept "Ramble" with singular fitness, causing us to ponder did our remarks follow the pattern of the street. The ladies attentive to the point of flattery and Mrs. Chestnutt would fain ask us "why" many things were not done, as though in these years we have served that the answer has been made known to us.

January 25th. The Franklin County Medical Society entertains in annual banquet session jovially until we, as first speaker, elect to inject a serious note into the proceedings, to which each succeeding speaker refers by way of apology for the way his style has been cramped. Yet we could name many a reason why there should be seriousness as well as jolly fellowship in medical meetings these days.

February 2-3rd. Amidst all varieties of weather except sunshine and trade winds, we journey with the President to Jonesboro where the Craighead-Poinsett County Medical Society offers much in the way of a good meal from Crawford Noble and the good fellowship of eastern Arkansas members. A unique experience was the trip from Hoxie when we jolt along parallel with a freight train which offensively puts down a smoke screen of the consistency of a heavy Ozark mountain fog every three hundred yards and thus forces us to keep pace with the caboose for these 23 miles. Further realizing now what reapportionment means to eastern Arkansas in the matter of highways. That we missed the main street of Jonesboro and blithely continue on our way to Memphis is something which had best be kept from the Chamber of Commerce. Our joint says being made, we take time out and visit with Willet, just the same sort of rain falling that we had with us all day, so great is the surprise when we come out an hour later and find the country blanketed in snow and far more on the way. Undaunted and courageous travelers that we are, we fare forth, visibility practically nil, taking a right curve as per highway marker, landing in a plowed field; a fair amount of deliberate thinking when so located, convinces us that discretion dictates that we spend the night in Jonesboro, which we do, each more or less thankful that the decision is not attended with misgivings. Thence away in the morn, minor difficulties such as a flat tire and our personal acquisition of a pair of artics, later to come in good stead, arriving, a perilous detour to the contrary, in Searcy for late lunch. But, thence on in good style and with gratitude that we are not yet on the Bradford detour as yet may be four cars we passed.

February 7th. Permitting Wolfermann to select the weather this time we drive to Hot Springs, even taking the Mt. Ida construction salient in high. Gathering with the Academy of Medicine and presenting, for the first time in months, a paper which we are pleased to call scientific, yet eliciting some of the usual comments which seem to be the roentgenologist's burden in this life. Defended nobly by Colonel Carroll who assures the audience that but an X-ray machine and a scalpel are necessary in the practice of medicine; which is tops in claims to date for the X-ray.

February 9th. With Wolfermann selecting the weather for this occasion, only to immediately disclaim all further responsibility for the trip, even to the point of walking off down the street as we stop for gas at Fayetteville, we go with Foster and Mrs. F. to Rogers for a visit with the Benton County group. Our presumed scientific discussion receives the usual amount of harassment leading us to the belief that we were placed on the program for the humorous interlude between the two heavy speakers. Even Koobs rises to voice the query if the roentgen-ray might be expected to provide food for the inner man and it begins to dawn upon us that our efforts toward the education of our colleagues in the value of our specialty might be going for naught.

February 10th. A well-known medical columnist makes the headlines today, somewhat jittery over the rat-tat-tat of a WPA crew working near his home. Another columnist, less well-known, opines that a similar attack may strike him the next time some one asks, "What is the Arkansas Medical Society going to do about it?"

RESOLUTION

Dr. Jerry C. Falvey, of Longview Texas, formerly of El Dorado, passed away December 19, 1938, following a prolonged illness. Dr. Falvey was an outstanding surgeon in El Dorado for several years. At the time of leaving El Dorado in 1930 he was the senior member and organizer of the firm of Falvey, Munn and Fincher. In addition to his membership in the Union County Medical Society and the Arkansas Medical Society he was a fellow of the American Medical Association and the American College of Surgeons. Dr. Falvey took a great deal of interest in, and assisted in a helpful way, in the reorganization and standardization of the Warner-Brown Hospital at the time the hospital became under the supervision of The Sisters of Mercy.

"Now, Whereas, God in His infinite wisdom has taken from us our friend and former colleague, and Whereas, Dr. Falvey was endeared to us by his genial personality, his charity and untiring efforts to faithfully serve the afflicted;

"Therefore, be it resolved, that on December 20, 1938, the Staff of the Warner-Brown Hospital express our appreciation for the very commendable work done while a member of our Hospital Staff, and that we shall always cherish his memory and we recommend to the members of our staff that we emulate to the best of our ability the accomplishments attained by Dr. Falvey. And,

"Be it further resolved, that we express our sympathy to Mrs. Jerry C. Falvey and daughter

Linda for their irreparable loss, that a copy of this resolution be sent to them, that a copy be spread on the minutes of the Warner-Brown Hospital Staff, and that copies be sent to the Secretary of the Arkansas Medical Society and to the press.

"A. D. Cathey,
"E. J. Munn,
"J. B. Wharton, Sr.,
"Resolution Committee."

RESOLUTION

BE IT RESOLVED:

That the Union County Medical Society and the Warner Brown Hospital Staff in joint meeting wish to express their deepest respect in the loss of Dr. Lawrence Lloyd Purifoy whose death occurred January 7, 1939, as result of a severe injury sustained while making professional call at night on a highway south of the city.

Dr. Purifoy was fifty-six years of age, having been born July 6, 1882, at Zama, Nevada County, Arkansas. He received his common school education at his homeplace and completed his high school education at Camden, Arkansas. He received his literary education at Ouachita College where he graduated after which he attended the Memphis Hospital Medical College, now the University of Tennessee Medical Department, receiving the degree of Medicine. Some time afterward he attended Tulane University where he received the degree of Doctor of Medicine. He had received certificates for post-graduate courses in Chicago, New York, Philadelphia, and in Europe.

He was actively affiliated with the St. Mary's Hospital which was later merged into the Warner Brown Hospital. Later he was instrumental in the organization and building of the Rosamond Hospital and was an active member of the Purifoy-Mayfield Clinic organization at which place he practiced until his death.

He was widely known throughout this section of the country as a very successful surgeon. He was on the surgical staff of the Missouri Pacific and Rock Island Railroads for a great many years.

He was an active member of the Rotary Club, Masonic Lodge No. 13 of El Dorado, the Shriners Lodge at Little Rock, and a member of the First Baptist Church of El Dorado.

Dr. Purifoy was always interested in organized medicine, having been a member of the Union County, the Arkansas State Medical, the Southern Medical, the American Medical Societies and the American College of Surgeons. He enlisted for services in the late World War and was given the rank of Captain during his term of service and served his country well until the close of the war. He was a member of the Veterans and the Roy V. Kinard Post of this city.

He is survived by his wife, three daughters, one son, an elder brother, three sisters. He was a brother of the late Dr. W. A. Purifoy of Chidester, Arkansas.

The members of the medical profession throughout this section of the state deeply mourn his loss.

Signed:
DR. J. B. WHARTON, M. D.,
DR. S. J. McGRAW, M. D.,
DR. J. A. MOORE, M. D.,
COMMITTEE.

THE EDITOR'S MAIL

Monette, Arkansas,
February 4, 1939.

Dear Friend Bill:

Looking out my window, viewing the remains of a six-inch snow, contemplating the trials of a general country practitioner, and being further in the mood of spreading a little complimentary salve, I sit at my trusty typewriter to indite you a word or two.

On Thursday, the second, I was looking forward to attending the Craighead-Poinsett County Society meeting, refreshing myself with the good food for the body and the mental pablum which I knew you and Wolfermann were going to dish out. But, as usual on such occasions, a gentle farmer came and said: "Doc, I need you at my house; the woman suffers a heap." So to the trusty gas steed, and after winding around over the roads, trying a road across a field to keep from getting stuck, I finally arrived at his domicile. At 1:30 a. m. I delivered a fine nine-pound girl to as equally as fine a 19-year-old mother.

Now the grief begins. At 2:30 a. m. I left. In the meantime, a big snow had fallen, within a hundred yards I got off the road and stuck in plowed ground. No team at this house, a quarter-mile walk through the blinding snow storm to a neighbor, and I say neighbor in the best sense of the word, for he got up, caught out a big pair of hard tails and pulled me out to the main road. Everything looked comparatively rosy, but after a four-mile drive through the still driving snow and wind, still four miles from home, i slipped into a ditch and was shore nuff stuck. I looked at my watch, it was 3:30 a. m., no house in sight, no chance of a passerby before day. I saw I had plenty of gas; I let the engine and heater run and turned on the radio. Wonder of wonders, I learned that the Baker Hospital of Eureka Springs cured cancer after all you radiologists and surgeons had given them up. Also, I need not give up all hope because of that peculiar ache in my rear extremity and other such difficulties I had been noticing since I got in neighborhood of fifty years of age. Hurrah!

Well, after sitting there until 7:00 a. m., I saw smoke coming from a chimney away down the road, the storm had slacked, I waded through the snow and finally reached the house of another "good neighbor," who gladly caught out his bunch of hard tails, carried me back to the car in his wagon and pulled me out. I carefully went on my way, having to break out the road. When in about two miles of town, I saw a stalled car and found therein Dr. Gean Atkinson and a druggist from Manila. They were coming home from the aforesaid meeting, had stripped their clutch, and had been sitting there since about 3:00 a. m. I carried them into town where they called a wrecker.

Without any sleep or breakfast, went up to my office where I found a bunch of patients waiting. One said: "Why in the hell don't you get up of a morning; I have been waiting for you for an hour." Selah!

Now for the complimentary salve: I am so sorry I missed hearing you at the meeting. The first thing I turn to in the Journal is "Random Thoughts." The whole Journal is good but that suits me best.

Sincerely yours,

Ira W. Ellis.

BOOK REVIEWS

Clinical Laboratory Methods and Diagnosis. By R. B. H. Gradwohl, M. D., Director of the Gradwohl Laboratories and Gradwohl School of Laboratory Technique; Pathologist to the Christian Hospital, etc., Saint Louis. Second edition. Pp. 1607. 492 illustrations. 44 color plates. Price $12.50. Saint Louis: C. V. Mosby Company, 1938.

In the second edition the author has given both the laboratory worker and student a book of unusual scope and interest, covering most every detail of laboratory procedure. Aside from textural improvement over the first edition, the author has added numerous color plates on blood studies, making it a veritable atlas of hematology.

The chapter on Clinical Pathology is an excellent monograph, giving the newer concepts on nephritis and nephroses according to the viewpoints of leading men in this field of work, as well as chapters dealing with blood chemistry with an adoption of standard modern methods and elimination of methods no longer generally practiced.

In addition to routine laboratory procedures many pages are given to theories of blood developments, blood sedimentation tests, and the Schilling theory has been further elaborated.

The chapters on Parisitology are complete in every detail. In addition the author has written an entire new chapter on Detection of Crime by Laboratory Methods which is based upon his studies and experiments as director of research laboratories of the St. Louis police department.

The Treatment of Fractures. By Charles Locke Scudder, A. B., Ph. B., M. D., F. A. C. S., Consulting Surgeon to the Massachusetts General Hospital; formerly Assistant Professor of Surgery at the Harvard Medical School; Fellow American Surgical Association; Member of the American Society of Clinical Surgery. Eleventh Edition, Revised. 1209 pages with 1717 illustrations. Philadelphia and London: W. B. Saunders Company, 1938. Cloth $12.00 net.

This book, which has been a standard text on the treatment of fractures for a period of many years, has been completely revised with many new charts and illustrations. It has been completely brought up to date as to the different types of fractures being seen due to the change in industry and as a result of highway accidents.

It is a book to be especially valued by the general practitioner as the conservative method of handling fractures is stressed and the more radical operative procedures are advised only in those cases not responding to the conservative therapy. However, the portion devoted to operative orthopedics is excellent and should be of interest to all orthopedic surgeons.

Further, the book is valuable due to the fact that the author not only gives his own ideas and results obtained by him, but also includes other methods of treatment and the opinion and results of other equally noted orthopedists. This work cannot be too highly recommended for the general practitioner and orthopedic surgeon alike.

DO YOU WANT YOUR OWN DOCTOR . . . OR THE "STATE DOCTOR"?

"WHAT a silly question," reply Mr. and Mrs. Citizen. "Of course, we want our own doctor for ourselves and our family."

But, dear Mr. and Mrs. Citizen, it is not a silly question. It has been asked in all seriousness. **You are going to have to answer it, too—and before long.**

Here are some facts which may startle you:

Do you know that the next United States Congress may be asked to enact legislation which would establish in the United States a **costly, politically-controlled system of medical service,** a la European model?

Do you know that a system of compulsory health insurance or a system of tax-paid medical care for all persons, both of which are being advocated and either of which would be operated and controlled by governmental agencies, would **change entirely the relationship which now exists between you and your family doctor?**

* * *

LET'S try to visualize what would happen if Congress should adopt either of these systems: You would be regimented so far as your health and medical needs are concerned; told when you need medical attention; when you do not; and where to go to get it—if "the bureau" decides you need it. In all probability, you would have to take the doctor sent by "the bureau"—**not your own doctor.** You might have to visit the government clinic.

Your present family doctor would be regimented, too. He would become a government employe, subject to orders from "the bureau." "The bureau" wouldn't be interested in seeing that you get your doctor. You'd have to take **any doctor** who happens to be on duty. Your doctor might be assigned elsewhere.

You are quite correct: This procedure would give you and your family only a salary-earning pill dispenser. Quite true: You would have little reason to take the "state doctor" into your confidence. Doubtless you would have little confidence in him—not like the confidence which you have in **your own doctor** with whom you are intimately acquainted and who may have doctored your mother and your grandmother before you.

What kind of medical care would you get? That's a good point. Probably you would get an **inferior grade of medical attention.** The doctor assigned to your case never saw you before—he may never see you again. He should worry—you're just another case. You'd get a **hasty diagnosis and the standard treatment.** Remember, the "state doctor" would have to spend a lot of time filling out forms and complying with red tape. He wouldn't be able to spend much time on any one case. Then, too, he may not be very well posted on new methods of diagnosis and treatment because he hasn't had the time or the incentive, to keep himself informed by attending medical meetings and reading medical books.

* * *

EVERYONE knows that the sick are not in any sense standardized and that, therefore, mass treatment can never be successful. However, this fact will not make much impression on "the bureau" which will be particularly interested in figures and forms.

Everyone knows that a patient usually picks a doctor because of the doctor's personality, integrity, honor and ability. You'll have little chance to use your own judgment under a governmental system.

Everyone knows that the present system forces onto the physician full and individual responsibility to and for his patient, challenging the doctor to do his utmost for the patient. This will not be the case when you become a patient of "the bureau," not of the doctor.

* * *

THIS will be your fate unless you do something to stop the present movement to socialize the practice of medicine in this country. If you and your friends say "no," Congress will not enact the proposals referred. **You stand to lose under socialized medicine. It's up to you, therefore, to stop it now and each time it rears its head.**

Note: A reasonable supply of this article in leaflet form may be obtained by members from The Journal.

"Public opinion is everything. With it nothing can fail, without it nothing can succeed. He who moulds public opinion goes deeper than he who enacts statutes, for the moulder of public opinion makes statutes possible or impossible to execute."—Abraham Lincoln.

WELL NOURISHED BABIES ARE CONTENTED

When fed S. M. A., normal infants show steady progress in growth, weight, bone development and tissue structure.

S. M. A., like human milk, is easy to digest and assimilate. When diluted according to directions it closely resembles human milk, not only in proportions of food essentials but also in the chemical constants and physical properties.

S. M. A. is antirachitic and antispasmophilic. The Vitamin A activity of each feeding is constant throughout the year. With the exception of orange juice it is usually unnecessary to give vitamin supplements.

ACCEPTED AMERICAN MEDICAL ASSN Council on Foods

S. M. A. is a food for infants . . . derived from tuberculin tested cows' milk, the fat of which is replaced by animal and vegetable fats including biologically tested cod liver oil; with the addition of milk, sugar and potassium chloride; altogether forming an antirachitic food. When diluted according to directions, it is ESSENTIALLY SIMILAR TO HUMAN MILK in percentages of protein, fat, carbohydrate and ash, in chemical constants of the fat and in physical properties.

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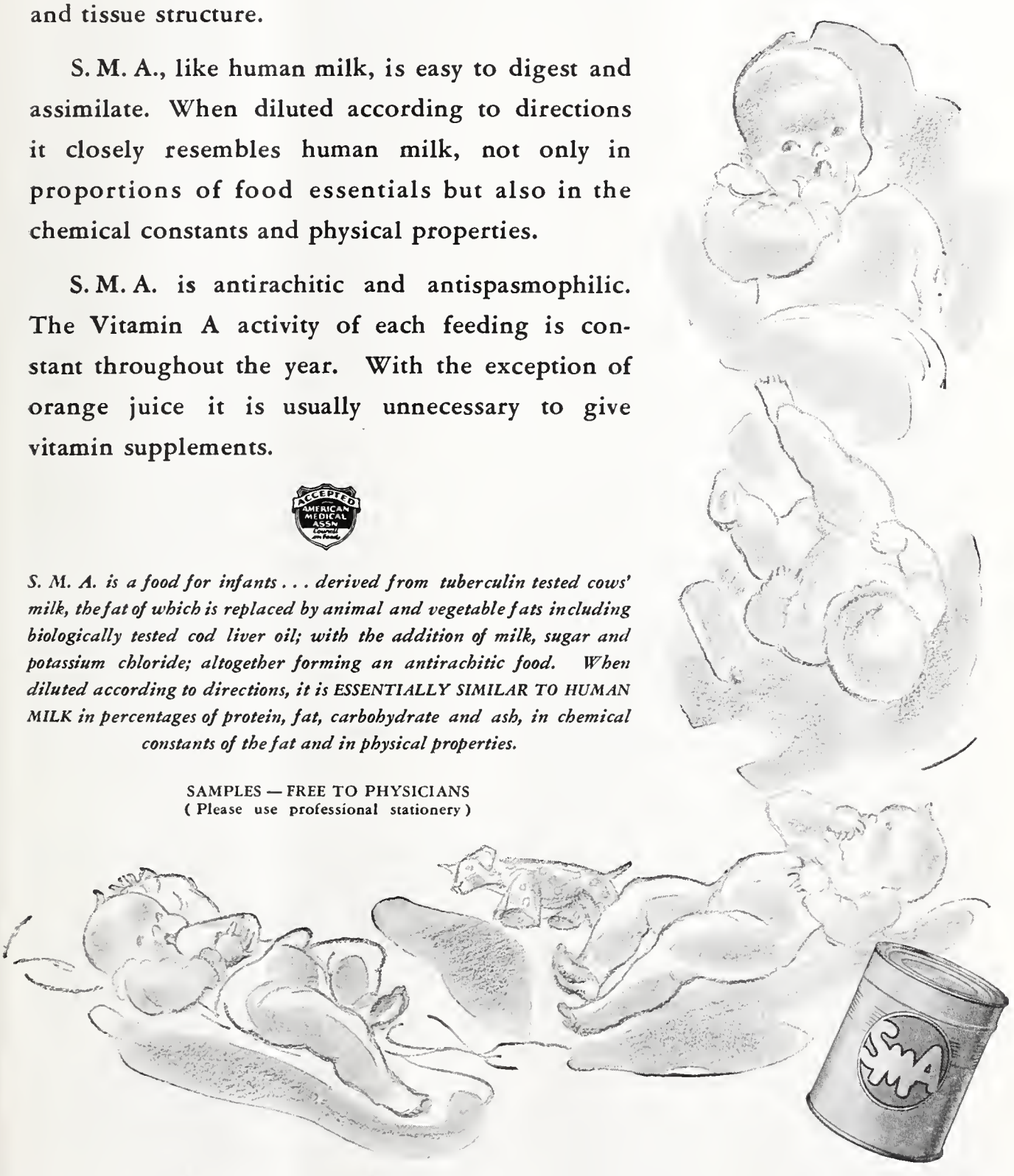
(Please use professional stationery)



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WOMAN'S AUXILIARY PAGE

MRS. N. B. DANIEL,
Publicity Secretary, 908 Pine Street, Texarkana.

In January, the Woman's Auxiliary to the Pulaski County Medical Society entertained with a dinner dance at the Hotel Marion. A cocktail party preceded the dinner with Mrs. J. Donald Hayes and Mrs. Carl Rosenbaum presiding at the buffet. Dr. Randolph Tucker Smith was toastmaster at the dinner at which time Mrs. Winston I. Moody played a group of piano selections. Dr. Carl Rosenbaum gave an impersonation of the "Lady in Red." Spring flowers were used for the centerpiece along the U-shaped table. Mrs. W. A. Snodgrass, president of the auxiliary, gave a short talk and introduced Dr. George V. Lewis, president of the Pulaski County Medical Society, and Mrs. J. B. Crawford, president of the Woman's Auxiliary to the State Medical Society.

Mrs. Carl A. Rosenbaum will be hostess to the Woman's Auxiliary to the Pulaski County Medical Society at 1:00 o'clock luncheon at her home, 4723 Crestwood, Wednesday, February 15. Mrs. Rosenbaum will be assisted by Mrs. Harvey Shipp, Mrs. W. R. Richardson, Mrs. C. R. Chestnutt and Mrs. W. B. Grayson. Following the luncheon a program on "Public Relations" will be given with addresses by Mrs. J. B. Crawford, president of the State Auxiliary, and Dr. George V. Lewis, president of the Pulaski County Society. Presidents and members of the federated clubs in the city have been invited to this meeting, which will begin at 2:30 P. M.

A luncheon meeting of the Women's Auxiliary to the Bowie and Miller Counties Medical Societies took place at 1:00 o'clock Friday, January 27, in the home of Mrs. Allen Collom, Jr., 3016 Pine Street, when Mrs. Ralph C. Cross was elected president of the Auxiliary.

Other officers elected were: Mrs. Joe Tyson, president elect; Mrs. R. R. Robins, first vice president; Mrs. E. L. Beck, second vice president; Mrs. Kirk Mosley, third vice president; Mrs. E. M. Watts, fourth vice president; Mrs. L. H. Lanier, recording secretary; Mrs. P. H. Phillips, corresponding secretary; Mrs. R. W. Pickett, treasurer; Mrs. S. A. Collom, historian; Mrs. Decker Smith, publicity chairman; and Mrs. J. T. Robinson, parliamentarian.

Mrs. N. B. Daniel was chairman of the nominating committee.

Mrs. Ralph C. Cross, Mrs. T. E. Fuller and Mrs. Roy Baskett were co-hostesses with Mrs. Collom.

The house was lovely with a variety of spring flowers.

Luncheon was served at one long table and three smaller ones, all centered with flowers in artistic arrangement.

Mrs. R. H. T. Mann, Mrs. Dobbs of Lewisville, Ark., and Mrs. Perry Priest were elected to membership. Mrs. Mann was unable to be present, having recently gone to Little Rock to visit her daughter, Mrs. Malcolm Gannaway, who is ill.

Mrs. C. L. Hays of Nashville, Tenn., who is visiting her daughter, Mrs. C. E. Kitchens, was a guest.

Mrs. Roy Baskett presided over the business session.

The program consisted of an interesting and informative talk on "Doctors' Wives of the Far East" by Mrs. Kirk Mosley, who also showed a charming collection of articles assembled during the time she lived in China.

Members present were: Mrs. Roy Baskett, Mrs. S. A. Collom, Mrs. E. L. Beck, Mrs. William Hibbits, Mrs. E. C. Kitchens, Mrs. T. F. Kittrell, Mrs. L. H. Lanier, Mrs. Kirk Mosley, Mrs. H. E. Murry, Mr. R. W. Pickett, Mrs. P. H. Phillips, Mrs. J. T. Robinson, Mrs. E. M. Watts and the hostesses.

Dr. and Mrs. H. T. Smith of McGehee were hosts to the Southeast Arkansas Medical Society and Auxiliary at a dinner party in their home on December 19.

The house was ablaze with Christmas lights and a variety of lovely decorations.

Following a turkey dinner, a short period of speeches and contests, gifts were distributed from a beautifully lighted tree placed in the sun parlor. Back into the living room we went to watch the toy cat chase the toy mouse, the acrobat climb the ladder, the matching of spinning tops, and to hear the bursting of balloons, the blowing of horns, and screams of laughter.

Then a more serious moment comes when we gathered around the piano to sing "Silent Night," after which was heard in the far distance a faint echo of our carol, chimed on the Carillon.

At a late hour we departed for our homes to await the coming of the Christmas party of 1939.

MRS. M. C. CRANDALL,
Publicity Chairman.

The Washington County Medical Auxiliary had a dinner meeting at the Hotel the first Tuesday night in January. On the 24th day of January, the auxiliary had their public relations meeting at the home of Mrs. Alfred Hatchcock. Several guests were present, with also a guest speaker. The Auxiliary met at 2:00 P. M. and two hours were spent working on Hospital supplies. At the conclusion of this meeting the hostess served lovely refreshments.

The Auxiliary is expecting a visit from the State President, Mrs. J. B. Crawford, this next month, with probably a joint meeting with Ft. Smith.

MRS. P. L. HATHCOCK,
Publicity Chairman for the Washington County Medical Auxiliary.

The Auxiliary to the Sebastian County Medical Society pledged $10 to the state society student loan fund Monday at a luncheon meeting February 13th.

Mrs. A. A. Blair, president, presided at the business session, which included as routine matters a report by the Hygiea chairman, Mrs. Raymond Smith, who announced that since the October meeting 20 one-year, and seven six-months' subscriptions to the publication had been procured. Mrs. E. C. Moulton was hostess.

Present besides the president, hostess, and Mrs. Smith were Mrs. Walter Eberle, Mrs. S. P. Stubbs, Mrs. I. F. Jones, Mrs. J. S. Southard, Mrs. D. W. Goldstein, Mrs. Tommy Foltz, Mrs. Everett Foster, Mrs. B. Wayne Freer, Mrs. Eugene Stevenson, Mrs. Charles T. Chamberlain, Mrs. F. H. Krock, Mrs. W. F. Rose, and Mrs. S. P. McConnell, of Booneville.

Mrs. W. F. Rose,
Publicity Chairman for the Auxiliary of the Sebastian County Medical Society.

BOOK REVIEWS

Synopsis of Clinical Laboratory Methods. By W. E. Bray, B. A., M. D., Professor of Clinical Pathology, University of Virginia. Second edition. Pp. 408. 51 illustrations, 17 color plates. Price $4.50. Saint Louis: C. V. Mosby Company, 1938.

In this small volume are assembled the latest information and the most frequently employed laboratory procedures. The author rightly calls attention to the need for cooperation between the clinician laboratory and the physician for accurate diagnosis. This work is recommended as one which presents all essential details.

Plastic Surgery: By Arthur Joseph Barsky, M. D., D. D. S., Associate Surgeon in charge of the Department of Reconstructive Surgery, Beth Israel Hospital, New York City; Adjunct Professor of Plastic Reparative Surgery, New York Polyclinic Medical School and Hospital; Associate Plastic Surgeon to the Morrisania City Hospital, New York City; Plastic Surgeon to the Beth El Hospital, Brooklyn, New York; Consulting Plastic Surgeon to the New York State Reconstruction Home, West Haverstraw, New York. 355 pages with 432 illustrations. Philadelphia and London: W. B. Saunders Company, 1938. Cloth, $5.75 net.

This volume fully discusses the fundamentals of plastic surgery and details the operative technic. There is a brevity with clarity in the exposition, aided by selected drawings and photographs. This is an essential volume for the surgeon and specialist.

The Pneumonias. By Hobart A. Reinmann, M. D., Professor of Medicine, Jefferson Medical College, Philadelphia; formerly Professor of Medicine, University of Minnesota; formerly Associate Professor of Medicine, Peking Union Medical College, Peking, China. With a Foreword by Rufus Cole. 381 pages with 111 illustrations. Philadelphia and London: W. B. Saunders Company, 1938. Cloth, $5.50 net.

Less than thirty years ago pneumonia was a disease that appeared to be resistant to any and all forms of prevention and treatment; and all attempts to prevent and cure it seemed to be unavailing. Recent advances in the investigative field, however, have proven that by proper procedure and the employment of certain specific measures it is now possible for the clinician not only to reduce the incidence of certain types of pneumonia but also to influence favorably the course of the disease in many cases. Recently, therefore, the volume of the literature on the subject of pneumonia has increased greatly and is beyond the scope of any one physician who does not have the opportunity to give the subject his undivided attention. In this work the author has found it possible to condense in a relatively small space practically all of the recent important contributions and their therapeutic implications. In other words, the book is and can be most helpful to the general practitioner and the student of medicine.

The text is very logically divided into four parts which have to do with:

1. The several types of specific pneumonias
2. Pneumonia as a specific form, occurring as a part of systemic diseases
3. Pneumonia secondary to acute and chronic diseases, and
4. Pneumonia not caused by infection.

In each division the author discusses the clinical findings, laboratory confirmation and treatment. This excellent work cannot be recommended too highly to physicians who encounter pneumonia as a problem in clinical practice.

Diseases of the Chest and the Principles of Physical Diagnosis. By George W. Norris, A. B., M. D., and H. R. M. Landis, A. M., M. D., Sc. D. Revised by Simon S. Leopold, M. D., Assistant Professor of Medicine and Head of the Department of Physical Diagnosis in the University of Pennsylvania. In collaboration with Charles M. Montgomery, M. D., and Thomas M. McMillan, M. D. Sixth edition. Price $10.00. Pp. 1019 with 478 illustrations. Philadelphia and London: W. B. Saunders Company, 1938.

This standard text has been revised, yet it is most interesting to note that much of what was contained in the earlier editions remains standard text today. The more recent procedures of diagnostic pneumothorax, bronchography, bronchoscopy, and the like, are adequately presented. The newer concepts of bronchiectasis, lung abscess, and the relation of nasal accessory sinus disease to pulmonary infections are discussed as revisions. The illustrations are numerous and of decided value. The preeminent position of the text continues with this edition.

Cancer Diagnosis and Treatment: A Handbook for Physicians. Compiled and edited by the Committee on Cancer Education of the Colorado State Medical Society. Pp. 75. Denver: Colorado State Board of Health, 1938.

This small pamphlet is offered as an educational measure by the Colorado State Medical Society in cooperation with the Colorado State Board of Health. While brief, it is sufficiently complete to serve the needs of the general practitioner, for whom it is primarily designed. The discussion is authentic and in keeping with present-day thought. This is another in a series of such handbooks which are being distributed by the state medical societies and evidences the commendatory desire upon the part of the profession to continue advances in scientific medicine, and, in particular, to make newer knowledge available to all physicians. The institution of a similar project by the Arkansas Medical Society is worthy of thoughtful consideration.

1938 Yearbook of Physical Therapy. Edited by Richard Knovacs, M. D., Clinical Professor and Director of Physical Therapy, N. Y. Polyclinic Medical School and Hospital, etc. Pp. 487. Price $2.50. Chicago: The Yearbook Publishers, 1938.

Following the general plan of the Yearbooks, this volume contains abstracts of articles pertaining to this important field of medical practice. The application of physiotherapeutic methods to the various specialties of medicine is presented with a full presentation of the literature for the current year on methods and indications for physical therapy. It is a worth-while addition to the library of the physician who is interested in this special field.

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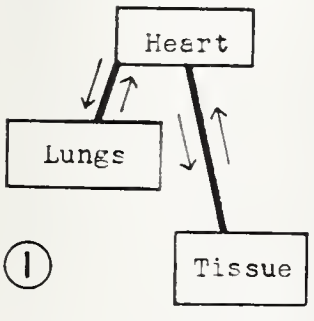
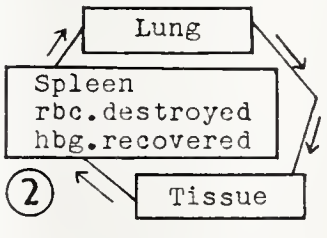
ANEMIA*

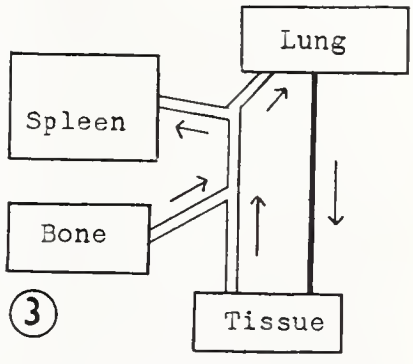
L. D. MASSEY, M. D.
Osceola

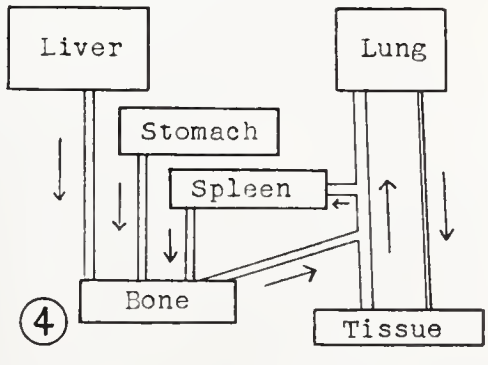
The diagnosis and treatment of anemia is not easy for the general practitioner. The chief reasons are the ultra-scientific literature and the inability of the physician to take the time to do intelligent laboratory work without the assistance of a competent technician. To understand the literature on anemia one must, first, understand the normal blood building machinery and, secondly, the causes which make it impossible for this machinery to produce the normal blood picture. Therefore, let us discuss briefly the blood building machinery and its functions.



Oxygen is an essential requirement for any living organism. In the human body the blood plasma is able to hold only a small portion of oxygen, therefore the oxygen is transported chiefly by means of the hemoglobin. The primary function of the red blood cells is a vehicle for the transportation of hemoglobin throughout the body. However, the red blood cells, in their course from the heart to the lungs, where they take on the oxygen, back to the heart which forces them out into the body tissues, where they lose the oxygen and pick up waste materials, and back to the heart to begin another cycle, are quickly worn out and must be taken out of circulation and replaced by new cells. (Fig. 1). So, we find that the spleen steps into play to pick up the worn out erythrocytes from the blood stream and salvage the hemoglobin which, in turn, is broken down into iron, pigment and globin fractions. (Fig 2). The pigment is excreted by the liver as one of the constituents of bile. The ultimate fate of the globin is not known but it is probably converted into amino-acids since it is a protein. The liberalized iron is stored chiefly in the liver, but also in the spleen, and is probably used again in the synthesis of hemoglobin. However, as we have already mentioned, the body must have some means of replacing these red blood cells which have been destroyed. The red blood cells are formed in the liver and spleen in later embryonic life but after birth the bone marrow takes this over. (Fig. 3). As the child grows older the red bone marrow recedes from the extremities inward toward the body. In adult life the blood forming bone marrow is chiefly in the cranium, spine, scapula, ribs, sternum and pelvis. The marrow of the long bones serves as a potential for the formation of red blood cells in the case of necessity. In the bone marrow the vascular supply's contained in a rich network of thin-walled vessels and evidence points to the formation of the red blood cells from the epithelial cells in these vessels. The red blood cells are formed in regenerating islands and are delivered into circulation by gross force as normocytes. However, in order for these cells







* Read before the First Councilor District Medical Society, Jonesboro, October 19, 1938.

to develop to maturity, an extrinsic factor, in the form of proteins taken into the body as food, and an intrinsic factor, present in the normal stomach and intestinal tract, together bring about the formation of a hematopoietic substance which is stored in the liver and utilized in the bone marrow in the formation of red blood cells. (Fig. 4). Thus we see that oxygen, iron, extrinsic and intrinsic factors, with the activity of the bone marrow are necessary for the formation of normal blood cells to carry food to the body tissues.

In normal individuals there must be an equilibrium between the formation and destruction of the red blood cells. It is possible to see that anything that might bring about a disturbance in any or all parts of this mechanism would interfere with the normal formation of the erythrocytes and bring about that which is called anemia. Anemia is the lack of blood, or a deficiency in the oxygen carrying capacity. The simplest and most helpful classification of the anemias for the general practitioner is according to the size and hemoglobin content of the red blood cells.

Small cells—Microcytic	Little color—Hypochromic
Large cells—Macrocytic	Rich color—Hyperchromic
Normal cells—Normocytic	Normal color—Normochromic

In anemia the various constituents, red blood cells, hemoglobin, and cell volume, do not all decrease proportionally. The measurement of the ratio of these to one another is an aid to diagnosis and treatment.

A. Ratios involving the use of relative values.

1. Color Index (amount of hemoglobin per cell relative to) (normal.)
$$\frac{\text{Percent Hemoglobin}}{\text{Percent R.B.C.}}$$
2. Volume Index (volume of average R.B.C. relative to) (normal.)
$$\frac{\text{Percent Cell Volume}}{\text{Percent R.B.C.}}$$
3. Saturation Index (amount of hemoglobin per unit volume) (relative to normal.)
$$\frac{\text{Percent Hemoglobin}}{\text{Percent Cell Volume}}$$

B. Ratios involving the use of absolute values.

1. Mean Corpuscular Volume in cubic microns $= \dfrac{\text{Vol. Packed R.B.C. (cc. per 1000cc.)}}{\text{R.B.C. (in millions per cmm.)}}$
2. Mean Corpuscular Hemoglobin in micro-micrograms $= \dfrac{\text{Hbg. (Gms. per 1000cc.)}}{\text{R.B.C. (in millions per cmm.)}}$
3. Mean Corpuscular Hemoglobin Concentration in per-cent $= \dfrac{\text{Hbg. (Gms. per 100cc. X 100)}}{\text{Vol. Packed R.B.C. (cc. per 100cc.)}}$

The disadvantage of the indices lies in the fact that in their determination it is necessary to establish a normal standard for hemoglobin, cell volume and red blood cell count. Such standards are arbitrary and not uniformly accepted. On the other hand, by the use of the ratios using absolute values, the source of error is usually due to faulty centrifugation in the determination of the cell volume and in the hemoglobin estimation, due to the type of colorimeter used and to its fading and becoming substandard. This can be corrected by frequently standardizing the hemoglobinometer against carbon dioxide or oxyhemoglobin of the blood as determined by blood chemistry. These technical errors are best dispensed with by having a competent technician. She is as important to the physician as the knowledge of medicine and hemotology. The usual count of erythrocytes and estimation of hemoglobin with the determination of the cell size, in her hands, show very little potential source of error.

By the use of this classification it has been found that liver is efficacious mainly in anemias with cells averaging larger than normal and with a greater hemoglobin content, and iron in anemias where the cells are deficient in hemoglobin content and smaller than normal. In other anemias, where the red blood cells are normal size and have normal hemoglobin content, therapy is rather uncertain. Thus, if the cells are small, then liver and stomach intrinsic principles are not needed, and if the cells are saturated with hemoglobin iron is not needed and its administration is useless.

Some of the most frequently encountered hypochromic microcytic anemias are:

1. After acute hemorrhage.
2. Chronic blood loss.
3. Acute infectious diseases.
4. Chronic infections.
5. Anemia of malignancy.
6. Anemia of parasitic infestation.
7. Anemia of malaria.
8. Anemia of pregnancy.
9. Anemia of hypothyroidism.
10. Anemia of inadequate iron intake.
11. Anemia of Vitamin C deficiency.
12. Anemia of gastro-intestinal disease.
13. Anemia of chlorosis.
14. Idiopathic and chemical anemias.

Treatment: Eliminate the cause if possible. Brilliant results can be obtained by administering one of the iron preparations, with a good wholesome diet, in the presence of a normal hydrochloric acid stomach content. Transfusions are seldom required unless the patient shows emergency symptoms referable to the anemic state or a depleted blood volume. Quite frequently it is necessary to give one or more transfusions

to a patient when preparing for surgical procedure.

Some of the most frequently encountered hyperchromic macrocytic anemias are:

1. Pernicious anemia.
2. Sprue.
3. Pellagra.
4. Pregnancy.
5. Gastro-intestinal dysfunction.
6. Liver damage.
7. Leukemia.
8. And others.

In these, especially pernicious anemia, the hydrochloric acid in the gastric content must be known because these anemias are associated with atrophy of the glands of the mucosa of the stomach and duodenum from an unknown cause. In some few cases pernicious anemia has been diagnosed through symptoms and gastric analysis before changes have appeared in the blood picture.

Treatment: Hydrochloric acid and a diet rich in extrinsic factors, as liver, kidney, brains, etc. The most efficacious liver therapy is intramuscular injection of a potent, concentrated liver extract which states the number of units of anti-pernicious anemia principles in each cubic centimeter or capsule. A unit of anti-pernicious anemia principle will indicate that amount necessary to maintain an average pernicious anemia per day. Lilly's Recticulogen, 1/2 c.c. equals 10 units, or one injection every ten days is required by the average patient of this group of anemias. However, each patient must be treated as according to the individual demands for liver therapy. The liver and stomach concentrates, such as Ventrex, have also been of value.

The mixed type of treatment containing a little liver, stomach, iron and vitamins have been of little value and are very expensive to the individual patient.

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COMING MEDICAL MEETINGS

Second Councilor District Medical Society, Batesville, April 10th.

Third Councilor District Medical Society, Forrest City, April 13th.

Arkansas Medical Society, Hot Springs National Park, May 8-10th.

American Medical Association, Saint Louis, May 15-19th.

THE IRRITABLE COLON*

S. F. HOGE, M. D.
Little Rock

Next to the skin, the gastro-intestinal system has more contact with the outside world than any part of our integument. It is imposed upon by direct demands for adjustments and accommodations, by more insults and abuses, by more gluttony or starvation, and has a greater variety of opportunities for gratification, than any other set of organs. Such disturbances or dissipations occur in every one and all too frequently. Deliberate dietary indulgence is a fad with the vitamin reality deleted. This tunnel carrying the trunk-line of metabolic energy starts and ends in lips about two and one-half to three feet apart, but connected by about twenty-six feet of musculo-elastic tubing. The food is not only transported through this tube but is transformed into potential body energy. Organic as well as functional pathology may be present in local areas or throughout. Recent statistics show these pathologies of about equal prevalence with the odds in favor of functional imbalances.

It seems almost paradoxical, in the face of the prevalence of these disorders, that the average person should be so unaware of the emotional factor, and should have evolved so many erroneous ideas about the supposively normal functioning of the gastro-intestinal system. Until recently, these bizzare ideas reflected the confusion of physicians, since it was not easy to properly evaluate functional difficulty of the gastro-intestinal system as an evident manifestation of a disordered personality. In our research along such lines it is frequently difficult to draw a distinction between cause and effect. This may apply to intestinal pathologies which accompany functional imbalance as a sequence to exaggerated emotional stimuli. A glance at the large nomenclature used to describe such psychoclinical entities silhouettes the evident confusion.

The general practitioner, the internist, and particularly the gastro-enterologist, almost unanimously accept the subtle influence of personality imbalance and functional pathology. The personality disorders properly belong to neuropsychiatry while functional imbalance interests the internist and the biochemist. Our present studies show how closely allied these conditions are and even suggest the cause and effect aspect. The two great divisions of medicine which

* Read before the Sixty-third Annual Session of the Arkansas Medical Society, Texarkana, April 20, 1938.

they represent would solve many knotty problems with more generous team work and assistance. Where this cooperation has been pursued the type of gastro-intestinal disorder could almost be predicated on the type of psychological conflict.[2] While the dynamic relationship of the individual to his environment is not easily reduced to concrete facts, yet these studies are significant in showing the inter-relationship of the autonomic demands of the individual and the possible effects on the gastro-intestinal system which is continuously bombarded by these chronic stimuli. From the psychiatric diagnoses we encounter the following terms after generous deletions—mucous colitis, vitamin deficiency, allergic sensitivity, endocrinal imbalance, mildly effective states, gonadal discord, hysteria, neurasthenia, psychasthenia, epilepsy, migraine, chorea, etc. The surgical diagnoses cover chronic appendicitis, chronic cholecystitis without lithiasis, chronic gastric ulcer, and in the female, chronic pelvic cellulitis. The internist and the gastro-enterologist meet the same symptom complex under the temporary title of "irritable colon."

Some of this confusion could easily be tangentital to our inalibity to properly evaluate the remnants of inherited characteristics moulded into dominants through aeons of adjustment to natural, rather than artificial, environment. From the biologic aspect our bodies are the product of millions of years of moulding and adjusting to a varying environment of natural forces. The kinetic energy of our body activity is derived from the potential energy of raw foods, which in their turn, hobbled the unstable nitrogen factor of wave length energy.[3] During all these centuries mankind used the same type of intestinal canal that he is depending upon today. If we were to visit pre-historic man we would eat when hunger prompted us to work for our food. The meats for the most part would be eaten raw and not washed down with much water. Liver, brains and blood would be choice "tid bits" and probably eaten first and sparingly. The vegetables were sun ripened and eaten raw. Herbs were used for seasoning and for teas. Condiments and alcoholics were practically unknown. The meal would be eaten hastily and mastication abbreviated but the usual rolling around in the sunshine for a time would enable the stomach to complete the digestion of the bolted food. To institute such system in our modern time would mean slow starvation. Some five thousand years ago cooking was instituted in the preparation of foods. Some two hundred years ago canning was added to cooking which further erased natural and essential attributes of foods. Our social cosmos has become more chaotic as the decades pass. Civilization has changed us but it is evident that the biologic archives of the past still control our intestinal system and will ever influence our emotional states. Disuse of the appendix has not bred its absence.

Our habits of life drive our bodies beyond the stage of fatigue to exhaustion and then call us to our labors before rest and sleep can readjust the imbalance. Our foods are highly seasoned, in many instances improperly cooked; fruits and vegetables are not ripened in the sunshine; we frequently bolt our food down hot and poorly masticated while we rivet our minds to "the news of the day," the stock market, the sporting events, or society news. The moment the last morsel of food reaches the stomach we must tear into the duties of the day, ever quickening our pace to retrieve the "imagined lost step" of a delayed start. When the gentle suggestion of fatigue would abort exhaustion, we dilute the lubricants with alcohol, stimulate the waning fires with beverages, and sooth the bearings with "lady nicotine."

The anatomic approach to a solution of such symptom complex has emphasized how much remains to be accomplished along other lines of attack. From the functional angle has come that clearly evident but poorly understood group of vitamins, the antianemic principle of liver, the poverty of insulin in diabetes, and our efficient endocrine extracts. The therapeutic principle involved is that of replacement or reenforcement of an essential element in body economy. No new elements are introduced and very few retard functional activity. Our present swift and terrible race of life has changed our longevity from 969 years to three score and ten, and yet our natural environment has not changed. Anatomically we have changed very little. We have not climbed trees for centuries yet our feet and hands start life with that purpose in view. For over two thousand years, a foreskin has been considered a painful excess appendage and yet the new crop is just as luxuriant as those of earlier dates. Tangenitally speaking, we inherit potential attributes that lived under environmental conditions of antiquity for approximately ten times our present span of life. Our structural architecture has changed very little while our social order completely artificializes us. Is it any wonder some of our finer structures with their delicate functions, should,

under such restrictions, produce bizzaral symptom complexes, in the absence of definite or gross anatomic pathology?

Our offices are frequented by many who present diagnostic difficulties and still more perplexing therapeutic problems. Every imaginable ill will be suggested by the protean history. Some of the more common complaints met will include—distension, epigastric fullness or heaviness, heart burn, fetor oris, loss of appetite, coated tongue, sordes, eructation, nausea, vomiting, abdominal distension, diarrhea with or without mucous and blood, and constipation. The epigastric and colonic pain and tenderness very closely simulate an attack of chronic appendicitis, chronic gall bladder disease or catarrhal tubo-ovarian disease. Catarrhal cystitis and cystico-pyelitis may be closely mimicked. Allergic neuralgia of the cervical and lumbar area is not uncommon. Many of these patients are mentally unstable, nervous, introspective, irritable, easily depressed, psychasthenic, and imaginative. They are starving for patient consideration and a kindly attitude toward their protean complaints and are for a time most grateful and cooperative.

The routine laboratory studies show a more or less monotonous similarity. The urine may carry an increase of biliary pigments and indican, otherwise nothing of importance. The blood picture in a series of five hundred cases showed a low total white count, (some of the patients never had typhoid vaccine while others did); eosinophiles ranged from three to ten; segmented cells low normal; lymphopoietic cells high normal; no malaria; hemoglobin 70 to 85%; erythrocytes pale, some lack of uniformity in size, an occasional stippled cell; with platelets of normal morphology but decreased in numbers. The Kahn test was positive in 5%. One case showed positive agglutination for tularemia. None gave a positive skin test for undulant fever.

Gastric analysis showed an increased residue subsequent to the average emptying time. The test meal frequently showed hypochlohydria. There was an occasional achlohydria with positive lactic acid test. Malignancy was not evident in these cases. The duodenal drainage showed what appeared to be ample bile secretion, while the tests for pancreatic and duodenal enzymes were not routine. Routine study of the stools showed mucous either in sheets or mixed with the fecal mass. The stools may be semisolid or a fluid vehicle carrying scybalous masses. Should the pathology be in, or distal to, the sigmoid and rather destructive, blood mucous and pus may simulate the dysenteric stool. Microscopic examination will show swarms of bacteria, poorly digested starch cells, residue of animal and vegetable fiber, epithelium, white blood cells and occasionally trichomonas or ova. X-ray of the gastro-intestinal tract is very necessary in determining the presence or absence of organic pathology.

The patients with irritable colon complex come from the medium and higher strata of our social order, with the women being about five times as frequently effected as the men. The ages vary from adolescence to senility. The greatest crop appears when the excess vitality of youth is being dealt a stunning blow by the sterner realities of adult life. Believing that this bizarre complex might have a related etiology, prompted a problem of research along the lines of similar investigations.[4] The findings have been reduced to the following summary though as yet incomplete. 1. It seems clearly evident that the train of symptoms referred to under irritable colon or intestinal complexes is not peculiarly simulated by any one disease but is an episodic part of different conditions. 2. These cycles seem to follow the injestion of certain antigens in the crude state or are formed during the process of digestion. 3. Such patients have a high state of sensitivity to their antigens. 4. That a person with an atopen sensitivity or sensitized by heterophile antigen in earlier life is thereafter of more than average susceptibility to the influence of other proteins, especially those of animal origin.[5] It is strongly suggested that the absorbtive barrier offered by the intestinal mucosa has become less efficient. They seem especially sensitive to diets carrying a large factor of milk, eggs, beef, pork, lamb, beans, cereals, peptones, chocolate, gelatin, glycerin and some of the fishes. 6. The antigens used were made from cooked and uncooked foods while the stool was extracted for the end products of digestion. 7. That the sympathetic nervous mechanism, in obedience to hormonal influence probably from the adrenal cortex, controls in a large measure the local and systemic pattern.

Man is endowed with the ability to reason and think and stands exalted above all animals, yet his subconscious, autonomic mechanism is moulded after the same pattern as that of the animal. The shocks of emotion and the driving force of passions are received and translated into energy by similar systems. A persistent stimulation, even though abbreviated and followed by suppressed execution must, in time,

disturb the normal balance of such delicately interpreted energies. It might not be too presumptive to imagine that hysteria, neurasthenia, migraine, chorea, epilepsy, paralysis agitans, spastic or mucous colitis, allergic sensitivity, all have a common interest in this thyro-adrenal-sympathetic-pituitary complex.

The digestive functions and the intestinal canal are in intimate relationship and largely influential in furnishing absorbable agents which disturb the harmony of enzyme production. As a result of these minor insults over a number of years, sensitivity to these by-products find expression in the varied clinical entities just enumerated. Should an inherited tendency be basic, the phenomenon is more pronounced. The question then of thorough and proper digestion with assimilation of energy for body economy becomes one of the most complex of problems. The translation of raw food into body metabolism with subsequent oxidation and generation of radiant energy is never far removed from the thyro-adrenal-sympathetic mechanism. The imbalance of this system through absorption of toxic products at the different stages of digestion in the intestinal canal will produce a bizarre symptomatology. With these facts constantly in mind, it seemed the intestinal canal offered the proper method of approach for primary correction. The influence of the higher centers was never minimized. It is very difficult to get body harmony under mental disharmony or persistent irritation.

The etiology of these varied clinical entities is so protean in nature that no single agent could act as a panacea. The psychic angle, the functional angle, as well as the anatomic angle, must be thoroughly developed and carefully evaluated. The following general outline has proven very satisfactory in most instances. Sufficient time is spent in taking the history to win the patient's confidence that the mental agitation or disharmony may shine through the smoke-screen of cunning or timidity and the secret loyalty to one's environment. Present day depression psychoses and passionate unrest are far more frequent and disturbing than a casual observation would suggest. Mental cooperation and composure in the pursuit of a proper objective is obligatory. A dietary survey is most searching. Foods that are known to be allergic are deleted. A high complement of vitamins is maintained. When these are reduced by food selection or cooking the deficit is made up by proper administration. The food should be ample and sufficiently varied to carry not only the normal requirements of proteins, fats and carbohydrates in proper ratio, but also the mineral elements. The caloric intake is maintained at a low normal unless it is desired to increase the weight. If the foods are of the concentrated, low residue variety, bulk may be supplied by the excellent mucil-like preparations. Bulgarian and acidophilus preparations may be used to alter the proteolytic and fermentative bacterial flora. The type of flora is a factor of importance in the further splitting of undigested and unabsorbed products lying in the colon and sigmoid awaiting evacuation. Ample fluid intake is just as necessary as is sufficient water in car radiators. Proper elimination is better determined by absorption of toxic metabolic products than by the number of bowel movements each day. Thorough intestinal lavage with isotonic solutions or bland oils, as pure olive oil or mineral oil, is most gratifying even though evacuation may seem efficient. The cathartic habit is pernicious and, in most instances, unnecessary. Mild laxatives are preferred to active cathartics. Habit time is most frequently neglected. The instillation of pure oxygen per rectum in doses of thirty to fifty c.c. every ten minutes until two to three hundred c.c. are given, is a death blow to anaerobic bacteria, an inhibitor to aerobic bacteria, and a healthy stimulant to a diseased mucosa. Abdominal massage and vibratory stimulation over the trunks of the spinal nerves tone down the irritability of the sympathetic branches. The use of cortin and eschatin is being watched with interest.

The plan of immunization followed that of the allerge rather than vaccines. Research study implied the production of an allergic substance in two phases of the process of digestion. The first was evident at or about the time of completed digestion and absorption; the other occurred during the stage of bacterial splitting in the colon. An extract of the bowel content was made and used as the immunizing agent. Samples from the upper sections of the canal were obtained by either lavage or quick saline cathartics, while the samples from the lower bowel were passed naturally, or followed saline enema. Skin tests were made to determine sensitivity and suggest dosage. Bargen's vaccine was used when this organism was present in the stools. The anaerobic organisms that contribute to the catarrhal pathology of the upper segments of the intestines[6] were practically eliminated by the oxygen in the bowel. The amoebic cases were treated according to standard methods plus oxygen as indicated.[7] The trichomonas proved

stubborn to treatment but the patient made better progress when they were eliminated. The neuro-psychiatric aspect of the case was never minimized lest mental conflicts delay progress. Social sexual discord was mellowed by endocrine therapy and guarded instruction on the difficulty.

The course of treatment as outlined may seem rather tedious and of long duration, but the problem is a difficult one and subject to the changes of a busy life. A single panacea has not yet been found but a judicious use of the advantages at hand will bring relief to the great majority of our patients. The satisfaction of relieving many of these deserving patients is a worthy success in the right direction.

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CORRESPONDENCE

February 28, 1939

Dr. H. T. Smith
McGehee, Arkansas.

Dear Dr. Smith:

No doubt the motives of those advocating socialized medicine are altruistic, but there does not seem to be any good reason why the furnishing of food, clothing, housing and other necessities of life, should not be socialized, if medicine is socialized.

It is doubtful whether any group has rendered as great a service to mankind as has the physician, and often-times at a financial loss. There are certain essential relationships in the practice of medicine that cannot be maintained if this vocation is socialized.

I do not think we have reached the point where it is practical or desirable.

With best wishes, I am

Sincerely yours,

John E. Miller

ALLERGY IN GENERAL PRACTICE*

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Oklahoma City

Allergy is a new branch of medicine in which much experimental work is still being done, and about which much has been written in the past few years. In fact, so much has been written that the general practitioner probably lacks the time to ascertain the useful facts. In spite of this confusing mass of literature, it is important for the general practitioner to know about allergy because it has been definitely shown that allergy plays an important etiological role in so many diseases and symptom-complexes that no physician can hope to escape from some responsibility in the diagnosis and treatment of allergic conditions.

The incidence of allergy has been variously estimated by different writers and I am sure that the correct figure is high enough to be vitally important to all of us. With an appreciable per cent of the general public being allergic it naturally follows that a certain per cent of those coming to your offices will be suffering from some allergic condition. The **average layman** knows little about allergy and consequently few will go directly to an allergist, but will first seek the services of their family physician. **For this reason** the general practitioner should be able to recognize or suspect allergy, and should either work out the case or have it done.

My desire in this talk is to bring out **two points;** first, that the general practitioner can do much more in the diagnosis and treatment of allergic cases than he has been doing, and second, **that allergy should be considered as a possible etiological factor in many obscure cases where heretofore** it has been overlooked. I have no wish to suggest allergy as the cause of all diseases, but merely wish to have it given its due consideration along with all the other possible causes. If this is conscientiously done, fewer cases will go undiagnosed.

Allergy is expressed in several ways and in varying severity according to the location of the shock organ and to the degree of sensitivity in the patient. If the shock organ is the skin the allergy is expressed as hives or eczema; if it is the bronchial tree, the patient has asthma. Of all the ways in which allergy may be expressed, the most common forms seen in general practice

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are asthma, hay fever, hives, eczema, and headaches.

These conditions are all due to the reaction in the body of specific allergens. These allergens, for the sake of simplicity, may be divided into three groups according to the way in which they enter the body. By so doing we find that we have three groups: a contact group, an inhalant group, and in ingestant group. The contact agent excites symptoms merely by contact with the body. Examples of this are the dermatitis from poison ivy, the dermatitis medicamentosa from applied drugs or chemicals. The inhalant allergens enter our lungs in the air we breathe. These are usually the pollens and the animal danders. The ingestant allergens enter by way of the gastrointestinal tract and, of course, are usually foods, though drugs given by mouth may be included at times. This simple grouping is important for the reason that if we can determine from the history which group to suspect, we are often spared the needless effort of investigating all the groups.

The general practitioner, having no special equipment or test-material, is handicapped in working out cases in the contact and inhalant groups, where his investigation is necessarily confined to a study of the history and of the patient's condition. However, I do not mean to be too discouraging about these groups as some cases are solved from a study of the history alone, followed by logical trial measures. On the other hand, in the food group his possibilities for success are excellent, as here the correct use of elimination diets is as good as, or superior to, skin tests with foods. These diets will give the same good results in the hands of the general practitioner as they will for the allergist.

There are three main steps in the working out of any case presented. The first step is to decide whether the case is likely to be due to allergy, or to some other cause. The second step is to decide which group or groups to suspect, and the third step is to determine the specific offenders in the groups. Let us consider these steps separately. The decision that the case is probably allergy and needs further work-out is not always easily reached, as many almost identical conditions may have allergic and non-allergic causes. This difficulty is especially noted in those sub-clinical states of allergy where the patient is usually well and has no symptoms of allergy until something occurs to lower his general resistance. This disturbs his state of allergic balance and allows allergic symptoms to be manifested. A common example of this condition is the child who never has asthma except with a cold or some other infection. Here the allergic nature of the condition is often overlooked and the case may be diagnosed as a cold with some wheezing bronchitis. If this is recognized as allergy and the allergic factors removed, you may save the patient much future suffering. Again, in some women, the headaches occurring with menses are due to allergy that has remained in the sub-clinical state until the burden of menstruation was added. This is not meant to deny that the usual menstrual headaches are endocrine in origin. A close study of the condition presented by the patient is often required to decide on the likelihood of allergy as the etiological factor. In considering these conditions we know that asthma is seldom due to anything but allergy, with the notable exception of cardiac asthma which is usually recognized by the accompanying signs of heart failure. Hives present a much harder problem, as a large per cent of hives are due to foci of infection, commonly in the tonsils, gall-bladder, or teeth. In a series of one hundred cases of hives, only about one-third were found due to food allergy, another third to focal infection, and the remaining third was divided between endocrine causes and psychogenic disturbances. Headaches that occur somewhat periodically with no apparent reason and in the absence of organic pathology are often due to allergy. Let me take time here to explain that I have purposely avoided the use of the term migraine for the reason that this usually connotes a violent hemicrania, accompanied by nausea, vomiting, vertigo, and other bizarre neurological symptoms. Now typical migraine with all these symptoms due to allergy does occur, but I warn you that if you wait to get all those symptoms before you suspect allergy you will miss a large number of allergic headaches that often feel like any other headache and occur without nausea or vomiting. Finally, among the skin conditions, great difficulty will be encountered at times in differentiating between allergy and some purely dermatological diseases. A dermatitis affecting mainly the flexures of the limbs would suggest atopic eczema due to allergy. A dermatitis limited to the exposed surfaces would suggest contact allergy. In any of these cases where allergy is a possible cause, a history of other allergic manifestation in the patient or in his family, should change that possibility to a probability and an allergic workout would be warranted.

Now for the second step in our diagnosis. Having decided that allergy is probably important in this case we must figure out to which group the offending substances probably belong. Here again we study the condition and the history. Allergic asthma may be due to inhalants or to foods; hay fever the same. Allergic headaches are seldom due to anything but foods. Allergic hives usually come from foods though drugs may cause them. Atopic eczema may be from foods or inhalants, while a localized dermatitis on exposed surfaces is usually due to contact agents.

Having decided which group probably contains the offenders, we go now to the third step in our diagnosis where we attempt to identify the specific allergens responsible for the condition. Those in the contact group may sometimes be isolated from the history alone, but more frequently patch tests must be made with the materials commonly handled by the patient. A careful study of his habits and occupation is required. As a general rule, since the services of one more skilled in this line is required, no more time need be devoted to this group. Some cases in the inhalant group are solved by the use of the history alone, followed trial measures. Thus asthma, occurring only in bed would suggest feather sensitivity and one would be justified in removing feathers as a trial. Asthma or nasal stoppage when around animals suggests the danders. The same symptoms occurring when in crowds or when applying cosmetics suggest orris root as the offender. Other significant leads may be gained from a careful history that will suggest other trial measures. Asthma or hay fever occurring seasonally is due to pollens and, if the general practitioner desires, he may secure pollen testing and treatment material from commercial houses that will often be found satisfactory. The chief objection to these testing sets is that, being based on such large geographical areas, they may not contain a pollen that is important to you locally. If the previous studies have not furnished significant leads pointing to the contact or inhalant groups there is still the important group of foods to be investigated. As I pointed out before, the general practitioner has a very good method at his disposal by which he can determine the spicific offenders in this group. Cases of perennial asthma, perennial hay fever or rhinitis, hives, atopic eczema, and headaches, may all be due to foods which makes this group very important.

The method of determining the specific offenders in the food group by the use of elimination diets is known to all of you. However, for the sake of some who may not have used them, we will consider this method in some detail. The principle involved is limitation in the variety of foods allowed. Hence, if symptoms continue after the patient has been on the diet a sufficient length of time, they must, of necessity, be due to the foods on that diet, if due to foods at all. The foods on this diet would then be removed and other foods substituted. This process is repeated until we have our patient on a diet from which he has no symptoms. This is not as long and drawn-out as it might seem at first, as one or two foods generally account for the patient's trouble and it would be most unlikely that he would be sensitive to some foods on each diet selection you tried.

Now as to the diet itself, naturally we try to eliminate the foods that most commonly cause trouble along with any foods we may suspect from the history. The most common offenders are wheat, eggs, milk, and chocolate, and these are usually omitted from the first diet. Next for the sake of our patient's general health, we try to select a balanced diet. This, I believe, is fairly well done in the average elimination diet, which usually consists of one grain, one meat, five or six vegetable, two or three fruits, a drink, and certain condiments.

The grain selected may be one that can be used as a bread and as a breakfast cereal too. Corn is such a grain. The meat is usually beef or pork, though chicken or lamb is sometimes allowed for the sake of variety. On the whole it is better to keep the diet as narrow as possible. In selecting the vegetables use some of the starchy type as potatoes, rice, or dry beans, and some of the bulky or leafy type as cabbage or lettuce. If possible, avoid punishing the patient by making him eat vegetables he dislikes. Select vegetables he likes but seldom eats, as these are less likely to have been the cause of his previous trouble. Do not put all the vegetables he likes on the first diet as he will have a terrible time, if and when, you put him on another one. The particular fruits used are not important except that it is well to use one that will also make a fruit drink, as grapefruit or pineapple. All fruits may be used in salads or as desserts. The juice from canned fruit may be used over the breakfast cereal in lieu of milk. The condiments are usually restricted to salt, sugar, and olive oil.

Now that we have selected the diet and placed the patient on it, how long should he follow it? This is governed by several factors: first, the foods from the previous diet may con-

tinue to circulate in the blood for some days, so for that reason I never consider a patient truly on a diet until he has followed it for about ten days. If no improvement occurs after three weeks you are fairly safe in assuming that you have not succeeded in removing the offending food and should change the diet. In cases of allergic headaches with attacks coming from one to three weeks apart you should continue the diet through the time you would expect two attacks to occur. The first attack missed might be a coincidence, but by missing two successive headaches you are justified in assuming that you obtained definite results.

Suppose that after one or two diet trials you have succeeded in getting the patient free of his symptoms. Not all of the removed foods are offenders, so you allow him to take foods back into his diet one or two at a time. Ordinarily we allow a week to elapse between the additions of foods. When the symptoms recur you will then have isolated a specific food to which he is allergic. Remove this food from the diet and continue adding foods until you have him on a full diet less the proven offenders. Having isolated the proven offenders, what do you do about them? Attempt to desensitize him? Usually you do not. Desensitization with foods is frequently unsatisfactory and unnecessary. No food is so important that its place in the diet cannot be taken by other foods of a similar nature. Sometimes, after continued avoidance of a food, the patient will become desensitized to it of his own accord and may later be able to take it.

The failure of elimination diets to give the expected results is often due to thoughtless errors, some of which I will enumerate in order that they may be avoided. In the first place, do not assume that a food is all right for a patient to take because he tells you he left off that food once and it failed to help him. The thoroughness of his avoidance should be studied. Many patients have stopped a food for four or five days and consider this a good test, which is not true. Others in attempting to avoid wheat have left out white bread and have eaten only whole wheat bread. This, of course, is silly. Others have eaten only rye bread which unfortunately is usually made with about fifty to seventy-five per cent wheat flour. Many think macaroni and spaghetti are vegetables and never suspect that they are wheat. Even ordinary soda crackers are puzzling to some patients because they do not taste like bread. The errors are common in patients who are trying to avoid just the one food wheat alone. You can readily see the potential errors when they are trying to avoid milk and eggs also, as these foods go into so many of our usual dishes. Patients who are avoiding pork should use olive oil for frying in place of lard or compound. If corn is allowed on the diet frying or shortening may be done with Mazola.

Thus we see that in order to make these diets effective we must avoid these errors by extreme thoroughness in telling the patient just what he may eat and by prescribing foods that can be served plainly. It is hoped that the foregoing remarks will help to make the method of determining food sensitivities by elimination diets the useful weapon in the hands of the general practitioner that it has proved to be with those especially interested in the field of allergy.

The second point of this paper is to point out that allergy should be given consideration along with other diseases as the possible etiology in some more or less obscure conditions. I wish to emphasize that point by recalling to your attention that such conditions as conjunctivitis, indigestion, canker sores in the mouth, mucous colitis, purpura, pruritis, and hydro-arthroses have sometimes been shown to be due to allergy. The list is really much longer than I have given here, but to avoid the suspicion of over-enthusiasm over allergy, I will conclude.

RESOLUTION

WHEREAS, God in His infinite wisdom has taken from us our friend and colleague, Doctor W. B. Bruce; and

WHEREAS, Doctor Bruce was very active in the public health work of Phillips County and other institutions for the betterment of the community; therefore be it

RESOLVED: That the Phillips County Medical Society in session assembled, express our appreciation for the noble work that Doctor Bruce has done for this community, and that we extend our sympathy to Mrs. Bruce and the members of her family in their great loss; and be it further

RESOLVED: That a copy of this resolution be sent to Mrs. Bruce, a copy to the press, and that a copy be spread on the minutes of the Society.

Phillips County Medical Society
A. H. Maddox
A. W. Cox
W. B. Connolly
Committee

TUBERCULOSIS ABSTRACTS

A Review for Physicians

ISSUED MONTHLY BY THE NATIONAL TUBERCULOSIS ASSOCIATION

THE slogan of this year's Early Diagnosis Campaign is "Help Find Early Tuberculosis." The sub-slogan "8 out of 10 who come to the sanatorium are advanced cases" is based on national statistics which show that only about 20% of sanatorium admissions are classified as minimal cases. The classification is not an arbitrary one but conforms with standards agreed upon by eminent tuberculosis specialists. Every practitioner should be familiar with the terms "Minimal, moderately advanced and far advanced. They are defined in "Diagnostic Standards—Tuberculosis of the Lungs and Related Lymph Nodes" published by the National Tuberculosis Association. The most recent edition, 1938, brings the standards into line with current thought. The three stages of pulmonary tuberculosis are defined as follows:

EXTENT OF PULMONARY LESIONS

Minimal

Slight lesions without demonstrable excavation confined to a small part of one or both lungs. The total extent of the lesions, regardless of distribution, shall not exceed the equivalent of the volume of lung tissue which lies above the second chondrosternal junction and the spine of the fourth or body of the fifth thoracic vertebra on one side.

Moderately Advanced

One or both lungs may be involved, but the total extent of the lesions shall not exceed the following limits:

a. Slight disseminated lesions which may extend through not more than the volume of one lung, or the equivalent of this in both lungs.

b. Dense and confluent lesions which may extend through not more than the equivalent of one-third the volume of one lung.

c. Any gradation within the above limits.

d. Total diameter of cavities, if present, estimated not to exceed 4 cm.

Far Advanced

Lesions more extensive than Moderately Advanced.

SYMPTOMS

None

Slight. Constitutional and functional symptoms, such as loss of weight, ease of fatigue, and anorexia are slight and not rapidly progressive. Temperature not more than one-half degree above normal at any time during the twenty-four hours. Slight or moderate tachycardia. Cough, if any, is not hard or continuous; sputum, if any, may amount to one ounce or less in twenty-four hours.

Moderate. Symptoms of only moderate severity; fever, if any, does not exceed two degrees. No marked impairment of function, either local or constitutional, such as marked weakness, dyspnea and tachycardia. Sputum usually does not exceed three or four ounces in twenty-four hours.

Severe. Marked impairment of function, local or constitutional. Usually there are profound constitutional symptoms, such as weakness and continuous or recurrent fever. Cough often is hard and distressing and the sputum may be copious.

Single copies of Diagnostic Standards may be obtained **free** from your tuberculosis association or the National Tuberculosis Association.

STAGE OF DISEASE INFLUENCES PROGNOSIS

Hilleboe succeeded in tracing 92.7% of more than 5,000 patients discharged from 10 of the 15 public tuberculosis sanatoria in Minnesota during the ten-year period 1926-1935. Patients studied were about equally divided between rural and urban residents. Of the total number about 36% were dead on discharge. This tremendous loss gives some measure of the tragic toll taken by this disease even during hospitalization when expert medical attention and every facility for treatment are available. Living and dead are classified, according to stage of disease, as shown approximately in Chart I.

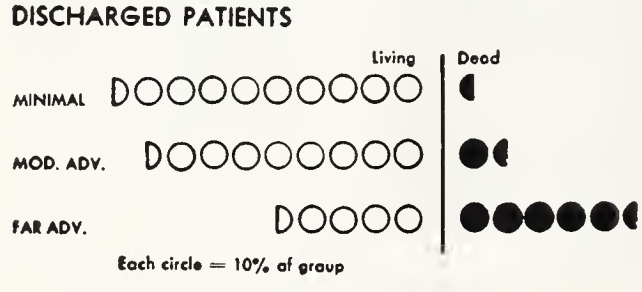


CHART I

Stage of disease influences the length of time needed for recovery. In this study all patients were in the sanatorium for 90 days or more. Living patients, not including those who were admitted more than once were classified according to the average length of stay in the sanatorium and the stage of the disease. Chart II pictures roughly the result.

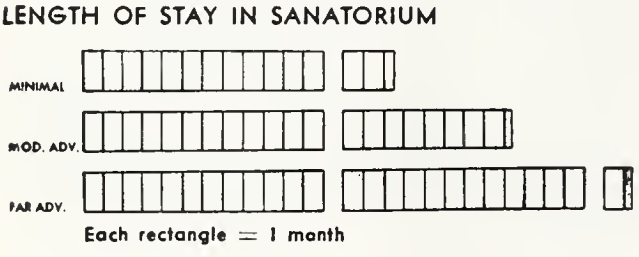


CHART II

The influence of stage of disease on the condition at the time of discharge was studied and the results confirmed the observation that the early case has a much better chance of satisfactory recovery than the advanced case. The result is summarized in Chart III.

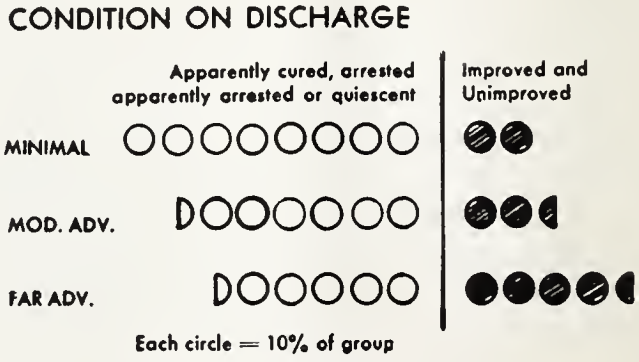


CHART III

The probabilities of dying from any given disease can be calculated by actuaries with a fair degree of accuracy. In a person with tuberculosis the risk of dying is increased and this risk is in direct ratio to the stage of disease as shown in Chart IV.

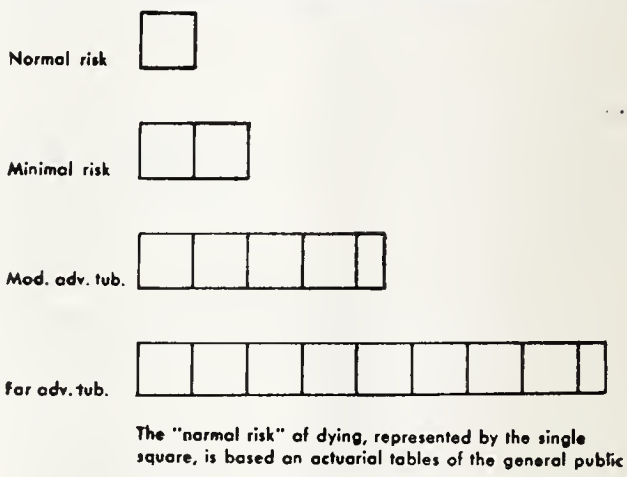
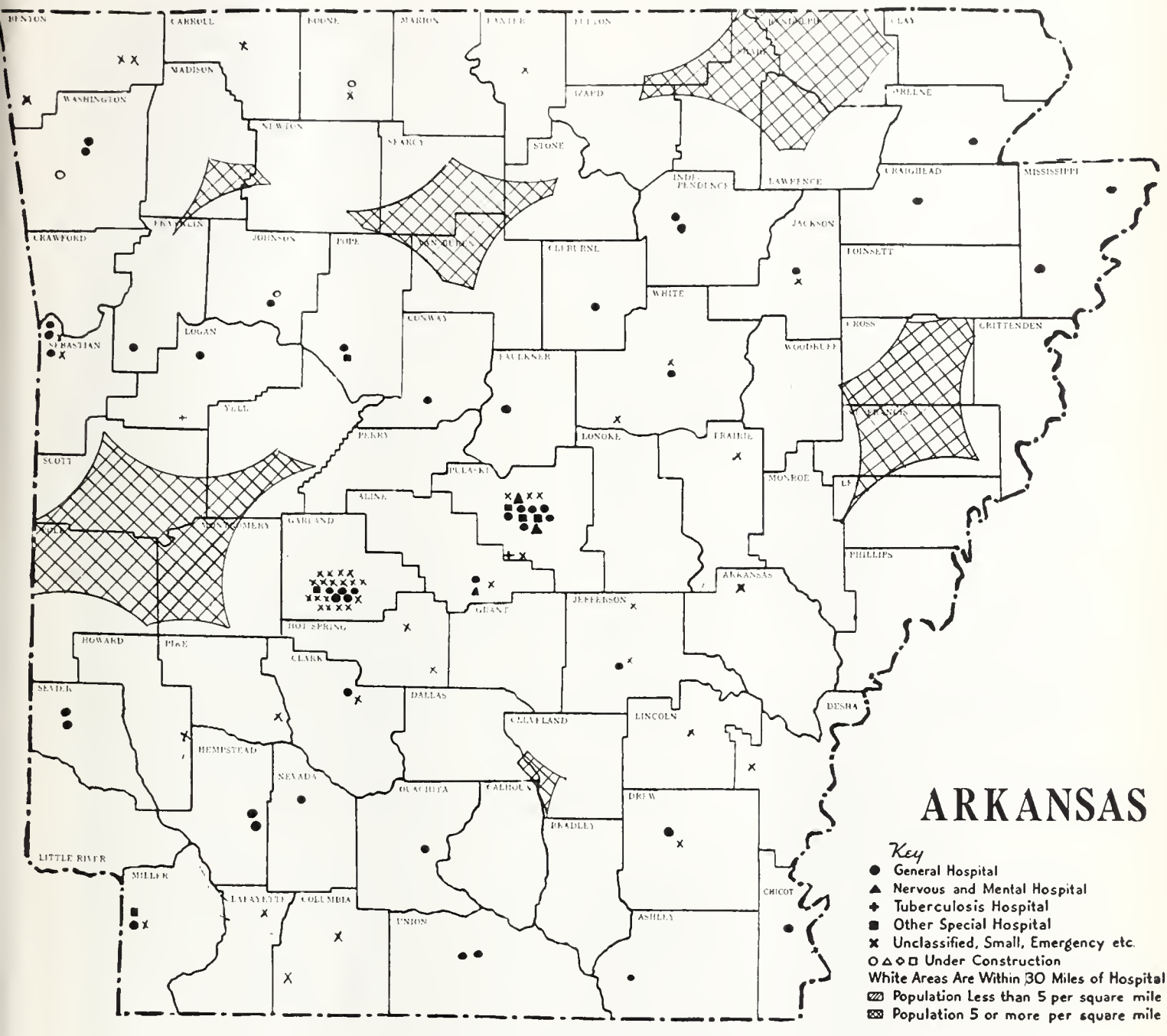


CHART IV

"Statistical study of comparative mortality in discharged patients gives valid proof of the soundness of many clinical concepts regarding the disease. After all, one of the real values of statistics is to confirm the impressions of sound clinicans. Beneficial effects of early diagnosis of serious pulmonary tuberculosis lesions are reflected in the smaller risk of dying on the part of the minimal cases in comparison with the more advanced cases during the dangerous first five years after discharge. Tuberculoss must be diagnosed early."

Follow-up Study of Patients Discharged From Tuberculosis Sanatoria. H. E. Hilleboe, M. D., Transactions of the Thirty-fourth Annual Meeting of the National Tuberculosis Association, 1938.



DISTRIBUTION OF HOSPITALS

1. There are 6,128 hospitals in the United States.
2. 2,133 counties have at least one recognized hospital.
3. 560 additional counties are entirely within a radius of 30 miles of hospitals in neighboring counties.
4. 368 counties lie in part within and in part without a circle of 30 mile radius surrounding existing hospital facilities.
5. There are 13 counties no part of which is within 30 miles of a hospital. The population of these counties is 67,800.
6. The population of the 368 counties (item 4) is 3,657,469. Assuming that this population is on the average half within and half without the 30 mile radius, the portion of the population which is more than 30 miles from a hospital is 1,828,735. Adding to this the 67,800 in the 13 counties no part of which is within 30 miles of a hospital we have 1,896,535, which is 1.5 per cent of the total population of the United States, living more than 30 miles from a recognized hospital.
7. In determining the shaded areas in the maps which follow, no account is taken of specialized hospitals such as mental hospitals, maternity hospitals, hospitals for tuberculosis and others of a restricted type; nor have hospitals under construction been included. In the above map the Mena General Hospital at Mena, Arkansas, has not been considered. Due credit for its geographical position would decrease the area in Arkansas which is over 30 miles from a hospital.

THE JOURNAL
OF THE
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NEWS—Our readers are requested to send in items of news, also marked copies of newspapers containing matter of interest to the membership.

EDITORIALS

THE ANNUAL SESSION

With a hospitality which is traditional the Garland County Medical Society is planning the reception and entertainment of the Society at the Sixty-fourth Annual Session to be held in Hot Springs National Park, May 8th, 9th and 10th. Convention headquarters will be the Arlington Hotel where ample space is available for housing of all members and guests, for display of the scientific and commercial exhibits and for the other manifold activities of the Society in convention assembled. The physicians of the resort city have been working through their various committees since early fall of 1938 to perfect all plans for the convention and The Journal is assured that no detail has been overlooked.

While entertainment features are not yet ready for announcement, the program is complete. The guest speaker list comprises Morris Fishbein, Chicago, and A. E. Hertzler, Halstead, who, in addition to addressing the general session of the Society, will speak to the public meeting on the night of May 8th. Other guests speakers are: Louis T. Byars, Jr., Saint Louis (plastic surgery), W. R. Cubbins, Chicago (fractures), Tinsley Harrison, Nashville (medicine), J. C. Pennington, Nashville (urology), Louis Rudolph, Chicago (obstetrics), E. D. Twyman, Kansas City (surgery), and Joseph Brenneman, Chicago (pediatrics). The state speakers number sixteen.

The complete program and announcements will appear in the May issue of The Journal.

THE WAGNER BILL

This much publicized bill sponsored by Senator Wagner has been introduced in Congress. In the bill a series of amendments are offered to the Social Security Act calling for an expenditure of federal funds amounting to over $80,000,000 the first year with gradual increases over a ten-year period for the purpose of establishing, expanding and improving state programs for "(1) child and maternal care; (2) general public health services and investigations; (3) construction of needed hospitals and health centers; (4) general programs of medical care, (5) insurance against the loss of wages during periods of temporary disability." It is interesting to note Senator Wagner's statement that "it should be clearly understood that the bill does not establish a system of health insurance or require states to do so." Funds will be made available under this bill where the need is greatest, the matching of funds to be on a variable basis dependent upon the relative state financial resources. Senator Wagner also makes the interesting statement: "Under no circumstances will the Federal Government undertake to furnish medical care." The fate of this proposed legislation now rests with the Congress and its committees, hearings have already begun. The forces of economy have made themselves known in the present Congress and may unfavorably view the expenditure of such sums.

PETULANCE

The Journal has its pet dislikes but especially do we become fretful when a surgical supply salesman with his office under his hat and his stock in his one handbag calls on us for the purpose of disposing of instruments and supplies which have been handled to our complete satisfaction for these many years by reputable established firms who feel sufficiently kind to cooperate with the medical profession of Arkansas by placing advertisements in The Journal. The wandering salesman from the big town (how little does that impress us!) does not take on this overhead expense but seeks to make up for this friendly gesture by grimacing in a brotherly

fashion over the length and breadth of our office. A sale made, he is away to greener pastures, the doctrine of caveat emptor alone remains. We take it as some sort of a sad commentary that these individuals can be encouraged by some few of our number to the extent that they feel bold to call upon the rest of us. If we had our way, we would develop a system of approved representatives, not that The Journal advertising columns are not just that very thing, but that we need more support from our membership. May we again repeat that a fine sense of reciprocity suggests that you patronize our advertisers, other things being equal. To our perhaps prejudiced views, other things are never equal for the non-advertiser. When the entire membership feels the same, then will be the time of perpetual bliss.

EDITORIAL COMMENT

Elsewhere in this issue there is published a map of Arkansas giving an analysis of the hospital facilities of the state which should prove of interest. This is printed through the courtesy of the Council on Medical Education and Hospitals of the American Medical Association. In view of the fact that proposed federal legislation seeks to provide additional hospitals, a study of the availability of hospital beds in Arkansas as herein provided would seem to suggest that federal aid might more properly be made available for the utilization of existing beds. Such aid would serve to make hospital operation in Arkansas more efficient and stable. The American Medical Association has approved the extension of federal aid for the care of indigent as a general principle.

THE GROUND FLOOR

Recently a representative of a large record-form and business machine company called on the secretary of the State Society.

"Do you think that compulsory sickness insurance legislation will pass?" he asked.

"Why?"

"Well we realize, of course," the representative replied, "that under such legislation there will be forms for every physician, every patient and voluminous records with record-keeping devices. We want to be in on the ground floor."

—Wisconsin Medical Journal.

PROCEEDINGS OF SOCIETIES

The Fourth Councilor District Medical Society met in dinner session at Pine Bluff February 21st, the following scientific program being presented: "Acute Trauma of the Face," W. M. Adams, and "Cooperation between the General Practitioner and the Roentgenologist," J. Cash King, both speakers of Memphis. J. S. Wilson, Monticello, was elected president, and W. A. Snodgrass, Jr., Pine Bluff, was elected secretary. The society will next meet in August, 1939.

The Muskogee County (Oklahoma) Medical Society was addressed February 20th by T. P. Foltz, Fort Smith, "Acute Cranio-Cerebral Injuries," and W. R. Brooksher, Fort Smith, "Roentgen-Ray Therapy in Infections."

Franklin County Medical Society has elected the following officers: President, J. L. Post, Altus; Vice-president, W. H. Gibbons, Ozark; Secretary-treasurer, Thos. Douglass, Ozark; Delegate, Thos. Douglass, Ozark, and Alternate T. C. Porter, Ozark.

The Hot Spring County Medical Society has elected the following officers: President, H. L. Brown; Vice-President, E. H. McCray; Secretary-treasurer, M. D. Prickett; Delegate, J. M. Norton, and Alternate, E. H. McCray.

Jackson County Medical Society has elected the following officers: President, M. L. Harris, Newport; Vice-President, C. R. Gray; Secretary-treasurer, J. B. Ivy; Delegate, A. L. Best, and Alternate, A. M. Elton.

Benton County Medical Society met in dinner session at Bentonville March 9th for the following program: "Collapse Therapy," J. D. Riley, State Sanatorium, and "Sulfanilamide," Clyde McNeil, Rogers.

GEO. M. LOVE, Secretary.

Ouachita County Medical Society met at Camden March 2nd for the following program: "Coronary Occlusion," M. W. Hunter; "Unusual Liver Conditions in Children," Ralph Talbot, and "Gastric Diverticulae," J. Q. Graves, all speakers of Monroe, Louisiana.

R. B. ROBINS, Secretary.

The annual banquet session of the Johnson County Medical Society was held at Clarksville February 23rd with over sixty physicians in at-

tendance. E. H. White, Little Rock, spoke on "Obstetrics."

G. R. SIEGEL, Secretary.

The Pulaski County Medical Society was addressed March 6th by Msgr. John Healy on "Hospital Insurance." The March 17th meeting of the society was addressed by Richard TeLinde, Johns Hopkins University, on "Organic Aspects of Uterine Bleedings."

E. H. WHITE, Secretary.

The Greene County Medical Society met in regular session in the office of Dr. W. M. Majors, March 9, 1939. Officers were elected as follows: President, W. M. Majors; First Vice President, C. A. Hardesty; Second Vice President, W. E. Ellington; Secretary Treasurer, Earle D. McKelvey; Delegate. Robert Haley, Jr., and Alternate, Earle D. McKelvey. An agreement between the County Medical Society and the Farm Security Administration was discussed and a committee was appointed to work out an agreement between the members of our Society and the Administration. Also the organization of physicians business and collecting agency was discussed and a committee consisting of J. A. Dillman, Robert Haley, Jr., and Dr. Earle D. McKelvey was appointed to make a study and report back to our Society. Members present were: Drs. R. J. Haley, Sr., R. J. Haley, Jr., James A. Dillman, C. A. Hardesty, J. J. Hudgins, Earle D. McKelvey, W. E. Ellington, G. P. Bridges, W. M. Majors, R. W. Cupp, and W. M. Lamb.

The Mississippi County Medical Society was addressed March 7th by C. E. Wilson, Blytheville, "Reminiscenes of Forty Years in Practice."

F. D. SMITH, Secretary.

The Sebastian County Medical Society was addressed March 14th by Euclid Smith, Hot Springs National Park, on "Rheumatic Disorders."

RALPH E. WEDDINGTON, Secretary.

Joe F. Rushton has been elected a director of the Magnolia Rotary Club.

J. L. Post has moved from Altus to Van Buren.

Dr. and Mrs. H. Moulton, Fort Smith, spent a recent vacation in Los Angeles.

Elizabeth Fletcher Dishongh, Little Rock recently addressed the Forum of that city on "Mental Hygiene."

Ralph Weddington, Fort Smith, addressed the DuVal P.-T. A. on "Normal Sleep Requirements of the Juvenile."

John Redman has moved from Mena to Clarendon where he has been assigned as district health officer.

H. H. Smith, Fort Smith, recently addressed the Mountainburg, P.-T. A.

CORRESPONDENCE

February 28, 1939

Dr. H. T. Smith
McGehee, Arkansas.
Dear Mr. Smith:

I am in receipt of your letter of recent date.

I made my position on the matter of state medicine clear in my campaign. I do not know just what the future of this matter is, but before taking action I intend to go very carefully into it, bearing in mind the high regard I have for the physicians of my state.

I appreciate the information you have sent me.

Sincerely yours,
Hattie W. Caraway

OBITUARY

WALTER BARWICK BRUCE, aged 66, died at his home in Helena February 22nd following a cerebral hemorrhage. Born in Lewiston, Illinois in 1873, he moved to Arkansas at the age of 10 and lived near Helena, attending the public schools and the University of the South, from which he received his medical degree in 1901. He served an internship at Vicksburg and then entered the practice of medicine, later moving to Trenton, where he practiced for 10 years. In 1915 he moved to Marvell where he lived until 1935. Since that date he had lived in Helena. For years he had served as health officer, becoming the full-time director of the Phillips county unit following the flood of 1927 when he achieved signal recognition in the care of over 13,000 refugees. In addition to his membership in the Phillips County Medical Society and the Arkansas Medical Society, he was a member of the board of directors of the University of the South. Surviving relatives are his wife, a daughter and a son.

PERSONAL AND NEWS ITEMS

Dr. and Mrs. Clyde D. Rodgers, Little Rock, spent a February vacation in Florida.

W. A. Snodgrass, Jr., has moved from Warren to Pine Bluff.

J. J. Monfort has been elected chairman of the Batesville Boy Scout committee.

Don Smith, L. M. Lile and J. W. Branch, of Hope, attended the Mid-South Postgraduate Assembly in Memphis, February 14-17th.

BORN—a son, Harold Wilkes Branch, to Dr. and Mrs. J. W. Branch, Hope, on February 11th.

Dr. and Mrs. Robert Caldwell, Little Rock, spent a February vacation on the Mississippi Gulf Coast.

"Paranasal Sinus Disease in Children" by L. H. Lanier, Texarkana, appeared in the February Tri-State Medical Journal.

H. Fay H. Jones, Little Rock, was installed as president of the Mid-South Postgraduate Medical Assembly at the February meeting in Memphis.

S. J. Wolfermann addressed the Peabody P. T. A., Fort Smith, March 3rd, on "Socialized Medicine."

Randolph T. Smith addressed the Little Rock forum March 4th on "Federal Aid for Medical Relief in Arkansas."

D. W. Goldstein, Fort Smith, recently addressed the Spradling P. T. A. on "Social Hygiene."

Clarksville's new Municipal Hospital opened early in March under supervision of the Benedictine Sisters.

The following county health directors have been appointed: Arkansas, E. B. Swindler, Homer Dickens; Ashley, L. C. Barnes; Benton, J. B. Tucker; Boone, S. W. Chambers; Bradley, J. B. Ivy; Calhoun, T. E. Rhine; Carroll, J. H. Bohannon; Chicot, W. D. Easterling; Clark, J. K. Grace; Clay, J. B. Futrell; Cleburne, T. C. Birdsong; Cleveland, W. G. Hancock; Columbia, H. K. Carrington; Conway, W. P. Scarlett; Craighead, H. H. McAdams; Crittenden, B. M. Stevenson; Cross, J. S. Miller; Dallas, J. E. M. Taylor; Desha, H. T. Smith; Drew, J. P. Price; Faulkner, W. L. Brittain; Franklin, Thos. Douglass; Fulton, J. L. Weathers; Garland, D. W. Fulmer; Grant, O. R. Kelly; Greene, W. M. Majors; Hempstead, J. G. Martindale; Hot Spring, W. G. Hodges; Howard, H. H. Holt; Independence, J. B. Askew; Izard, Noel Copp; Jackson, M. B. Owens; Jefferson, W. H. Bruce; Johnson, R. H. Johnston; LaFayette, F. E. Baker; Lawrence, W. W. Hatcher; Lee, W. S. Crawford; Lincoln, L. T. Taylor; Little River, J. W. Ringgold; Logan, S. P. McConnell; Lonoke, F. A. Corn; Marion, L. M. Weast; Miller, B. C. Middleton; Mississippi, R. E. Schirmer; Montgomery, J. D. Robbins; Nevada, J. B. Hesterly; Ouachita, R. C. Kennerly; Pike, T. F. Alford; Poinsett, Joe Verser; Polk, Pierre Redman; Pope, A. B. Tate; Prairie, W. M. Parker; Pulaski, J. A. Summers; Randolph, J. W. Brown; St. Francis, C. V. Powell; Saline, M. G. Lawson; Searcy, Ulys Jackson; Sebastian, J. E. Johnson; Sevier, J. C. Graves; Union, F. O. Mahony; Van Buren, H. J. Hall; Washington, R. J. Turner; White, F. P. Hardy, and Woodruff, J. F. Hays.

R. B. Robins has been elected a director of the Camden Chamber of Commerce.

C. M. Harwell, Osceola, attended the New Orleans Postgraduate Medical Assembly in February.

Fount Richardson, Fayetteville, has announced that the reunion dinner of the class of 1929 University of Arkansas School of Medicine will be held at Hot Springs National Park the evening of May 8th, the first day of the annual session of the Society.

John Zahorsky, Saint Louis, will present a pediatric symposium before the Washington County Medical Society, Fayetteville, Tuesday evening, April 4th.

Chas. Wallis, Little Rock, recently addressed the Garland P.T.A. on "Children's Diseases."

Married—At Gurdon, March 15th, T. T. Ross, Little Rock, and Miss Mary Irene Wray.

RANDOM THOUGHTS OF THE SECRETARY

February 16th. Talking anent socialization of medicine to a group of interested women, our personal appearances becoming possibly too numerous in this vicinity. Impressed with the general desire on the part of the lay public to hear the doctor's side after all this propaganda from the opposition. Organized medicine still has the opportunity to present its views in such force that proposed schemes will be shelved. The responsibility is, as always, individual; each doctor must be an exponent of the viewpoint of medicine to his patients.

February 20th. With Foltz we battle head winds to Muskogee where we jointly present a program to the Oklahomans. Lively scientific discussion evoked, but as always with this crowd, the postmortem session is the most entertaining and the most difficult to leave.

February 21st. It being the coldest day for some three years, we fare forth to the Fourth District meeting in Pine Bluff, affording H. T. Smith the opportunity to make good on his boasts of what a good district he represents, which he does in noble fashion, over 50 physicians and their wives being seated at the banquet tables. The interesting scientific presentation completed, there must, as always, be some mention of the Farm Security Administration, the legislative and judicial situation, all of which we attempt to dismiss with brief comment; the hour becoming late and those members residing fifty miles away being a bit restive. We, too, but a scant two hundred miles away from the home fires at 10:15 P. M. negotiate the torticollis highway to Little Rock and, then on more familiar slab, on to bed at 3:15 A. M., our car heater not quite equal to the task of making it as cosy as would be desired.

February 22nd. Gathered for a celebration over Krock's election to the Southern Surgical Association and a more embarrassed young man we have never seen, the whole affair being a total surprise to him. Many a deserved tribute paid to this earnest, hard-working surgeon, who has contributed much to the advancement of the science of medicine in his community. In a lighter vein are other comments, principally concerned with the ultimate harassment of Chamberlain, and the group departs in a jovial mood, an evening well spent.

February 23rd. With the great and the near-great from far and near in attendance, Johnson County does itself proud in annual banquet session, no arrangement detail being overlooked. Siegel with the perfection of practice from past sessions carries on in his usual duty. We sense a fear that Earle Hunt is beginning to slip; Duel Brown throws two gruelling tales at Earle with the come-backs not all they would have been in days gone by. Alan Cazort, the Cabin Creek boy who made good, adds to the scientific spirit of the meeting by three case reports of abnormal obstetrics and Fay Jones explains the advantages of taking "kiver," probably a well-learned lesson. Those interested are advised that our candid camera shots may be withdrawn from circulation at a nominal cost; similarly, the entire lot may be obtained for exhibition on proper guarantee. Away, Hoge's Buick carried along in the suction as Everett Moulton drives in unheard-of-speed, the return trip occupying but 70 minutes flat.

February 24th. Receiving license tag number thirteen for the year, we become resigned to whatever the fates may hold, feeling, however, that the most satisfactory solution would be for General Byrd to make us a lieutenant-colonel.

February 27th. Accompanied by a torrential rain as has been habit for the past two months we go to Springdale to eat fried chicken and discuss socialized medicine with the Rotarians. Gratified at the augmented attendance of Rotary Anns and visitors, who are sufficiently kind to mention that the desire for information on the subject had brought them out. Returning, away four and one-half hours, surprised that Grayson did not call during our absence from the office as is his custom.

March 6th. En familie we attend the joint banquet session of the Washington County Medical Society, our presence being in the nature of happening to be around when the affair got under way. We three enjoy the occasion to the fullest, the youngster registering objection at not being allowed to remain for the scientific program, which is precocious demonstration of an appreciation for the programs of this group. Becoming acquainted with the doings of this alert Auxiliary, who having selected the day as "Doctors Day," proceed to do the honors to the members of the Society, not the least of which is the placing of a bouquet of flowers from the Auxiliary on each doctor's desk this morning. A delightful gesture, one of those little details which contribute so much to the joy of living among friends and in happy associations, a state of gladness which we find omnipresent in northwest Arkansas. May this fine group of doctors wives continue to spread cheer, and in so doing, receive their full share of individual happiness.

March 9th. This afternoon we explore the beauty of the Ouachita National Forest, a rugged mountainous section where the road is gashed along the hillside, the turbulent Sugar and Pigeon creeks now running along one side, now the other, offering the thrill of bygone fords at many sites, rattling bridges at some, but more modern concrete and steel structures at the most. Cabins nestle in small clearings at infrequent intervals, ever inclosed by picturesque rail fences which must needs be bolstered with boulders lest the surge of floods carry the rails well down stream. A well-deserved notoriety was this locality's own but a few years back; now a change in sentiment and opportunity for revenue has outmoded the homely fruit jar in favor of bedecked bottles of varying shape. Magnificient vistas come at every turn, ever framed by stately pines and the granduer of the hills. Greatly impressed is the youngster with the discovery that while it seems we are sure to drive into the clouds at the top of the next hill, we never quite reach them and therein lies a bit of moralizing for a more gifted writer than we.

March 11th. Comes the announcement of the grocery store that they are now offering vitamins at reduced cost. That the potencies have been suggested by that ultra-scientific journal, Good Housekeeping, is considered worthy of mention. After all, our druggist friends are having their troubles in this tumultous world of today. Those who intend to suggest the grocery as a place to fill prescriptions for vitamins, please go to the foot of the class.

March 12th. Recommending this as a Sunday afternoon automobile ride for scenic grandeur: Fort Smith to Poteau, Heavener, Stapp via U. S. 270, turning up Rich Mountain at Rich Mountain station, thence across this expanse of mountain, stopping for more complete enjoyment of the panoramas at the fire tower, Eagleton, High Point and Acorn vistas, and then down to Mena, returning on U. S. 71. From other localities by map to Mena. A circle trip of the mountain and valley may

be made from Mena. All roads good and to be traveled in high gear practically all the way. The side trip of one mile to the ruins of the old Wilhemenia Hotel not in good shape at this time, but if you want to get on top of the world, make it anyway. Scenery incomparable will be your pleasure on this trip; try it on our recommendation.

March 14th. The Euclid Smiths come to town bringing not only scientific information but much genialty. In these days of speed, it is a bit comforting to note that this couple took five hours to travel from the Spa to Fort Smith.

WOMAN'S AUXILIARY

The regular meeting of the Miller County Medical Auxiliary was postponed because of the world hour of prayer, which was held that afternoon, sponsored by the Church Federation of Texarkana.

Mrs. Carl Rosenbaum entertained members of the Women's Auxiliary to the Pulaski County Medical Society Wednesday at her home in Cliffwood. Assistant hostesses were Mrs. Harvey Shipp, Mrs. W. R. Richardson, Mrs. C. R. Chesnutt, Mrs. N. W. Riegler, and Mrs. W. A. Snodgrass. A buffet luncheon was served to the guests, who were seated in the living room. Sprays of gladiolus before a circular mirror made an effective mantel arrangement. The dining table was covered with an Italian cut-work cloth and white candles were on either side of the centerpiece of white snapdragons and Radiance roses. Red tulips were used on the buffet. Mrs. Reigler, vice president, presided over the business meeting. Committee reports were heard, and the club voted to make a contribution to the fund for a library trailer. Addresses were made by Mrs. J. B. Crawford, president of the state auxiliary, and Dr. George V. Lewis, president of the Pulaski County Medical Society.

In September, the Sevier County Auxiliary met with Mrs. C. E. Kitchens, with seven present; in October with Mrs. G. L. Kimball, with ten present; in November with Miss Eleanor Park with nine present; in December, we entertained our husbands and other members of the Sevier County Medical Society and Medical students home for Xmas, with a Xmas dinner at the Lodge of the I. G. Jones', at Little River Country Club, with nine of our members present; in January, we met with Mrs. C. A. Archer, with thirteen present.

In February, the Auxiliary to the Sevier County Medical Society met at the home of Mrs. C. M. Gore, with Mrs. J. S. Hendricks, president, conducting the business session, at which time a committee composed of Mrs. O. B. Tate, Mrs. G. L. Kimball and Mrs. C. E. Kitchens was appointed to interest the county schools in the Health Poster Contest.

Mrs. Kimball was in charge of the program. The following topics were discussed: "Heart Trouble" Mrs. Tate, "Will We Wipe Our Malaria?" Mrs. Hendricks, "Neurosis" Miss Park.

A lovely salad plate was served to the following: Mrs. Pierre Redman, Mena, Mrs. Leonard Hampson and Mrs. J. C. Graves, Lockesburg, Mrs. Clarence Hooper, Horatio, Mrs. Hendricks, Mrs. Kitchens, Mrs. Kimball, Mrs. Tate, Miss Park, Mrs. I. G. Jones, Mrs. C. A. Archer, Mrs. C. C. Thompson, Mrs. Robert L. Hopkins, and guests, Mrs. E. S. Thompson of Springdale and Mrs. W. W. Gore of Mena, and the hostess, Mrs. C. M. Gore.

MRS. R. L. HOPKINS, Sect.-Treas.

The February meeting of the Washington County Auxiliary was held the first Tuesday afternoon of the month. Dr. J. W. Markham, Methodist Pastor, was the speaker.

MRS. P. L. HATHCOCK, Fayetteville, Ark.

The Independence County Medical Auxiliary met for dinner February 13, at the home of Mrs. Calvin A. Churchill, with Mrs. R. C. Dorr, J. H. Kennerly and J. B. Askew as co-hostesses. The dinner was served at small tables in the living room, each table centered with red tapers and the menu accenting the Valentine motif. Following dinner the business meeting was held, with Mrs. L. T. Laman presiding. A committee composed of Mrs. M. S. Craig, Mrs. R. C. Dorr and Mrs. Victoria Saylors was appointed to nominate officers for the coming year. Mrs. J. J. Monfort and Mrs. C. A. Churchill were appointed to prepare an exhibit representing the Auxiliary at the meeting of the American Medical Association in St. Louis next June.

Following the meeting, the program was turned over to Mrs. L. T. Evans who gave an interesting reading on "News of the New in Medicine." Mrs. R. C. Dorr presented a number of poems pertaining to the medical profession. The delightful evening was concluded by two vocal numbers, "Nursery Rhymes" and "Make a Wish," rendered by Norma Rodman, accompanied by Miss Blanche Kennard at the piano.

Members of the Auxiliary to the Sebastian County Medical Society entertained at a 1 o'clock luncheon March 3rd in honor of Mrs. J. B. Crawford, of Little Rock, state president of the Auxiliary to the Arkansas Medical Society. Hostesses were Mrs. J. S. Southard and Mrs. I. F. Jones.

Mrs. A. A. Blair, president, presided at a business meeting at which she appointed a nominating committee to select candidates for offices for the ensuing year. The committee is composed of Mrs. E. C. Moulton, Mrs. D. W. Goldstein and Mrs. Walter Eberle, chairman.

The guest of honor came to Fort Smith from Fayetteville where she had been entertained at a luncheon March 2nd by the Auxiliary to the Washington County Medical Society at the home of Mrs. Alfred Hathcock.

In addition to Mrs. Crawford, guests at the luncheon were Mrs. I. F. Jones, Mrs. J. S. Southard, Mrs. A. A. Blair, Mrs. E. C. Moulton, Mrs. S. J. Wolfermann, Mrs. B. Wayne Freer, Mrs. B. B. Bruce, of Alma; Mrs. G. G. Woods, Huntington; Mrs. W. F. Rose, Mrs. Walter Eberle, Mrs. H. C. Dorsey, Mrs. Charles T. Chamberlain, Mrs. T. P. Foltz, Mrs. W. F. Adams, Mrs. D. W. Goldstein, Mrs. Everett Foster and Mrs. W. R. Brooksher, Jr.

The luncheon date also marked the date for the public relations program of the auxiliary and at 2:45 o'clock the members went to Peabody school for a Parent-Teacher association program in which they cooperated. Dr. S. J. Wolfermann, president of the Arkansas Medical Society, spoke on "Socialized Medicine."

Mrs. B. Wayne Freer, chairman of the public relations committee was in charge of the program.

MRS. W. F. ROSE,
Chairman for the Auxiliary of the Sebastian County Medical Society.

BOOK REVIEWS

The Technique of Contraception. By Eric M. Matsner, M. O. Fourth Edition. Pp. 50. Baltimore; The Williams and Wilkins Company, 1938.

This small volume is now in its edition, over 30,000 of the previous editions having been distributed. The present-day knowledge of effective contraceptive methods is fully discussed by an acknowledged authority.

Laboratory Manual of Hematologic Technic: By Regena Cook Beck, M. A., M. D. Formerly Instructor in Pathology and Bacteriology at George Washington University Medical School; Head of the Department of Bacteriology, William and Mary College Extension; Pathologist to Stuart Circle Hospital and Director of the Stuart Circle Hospital School of Medical Technology, Richmond, Va. With a Foreword by Frank W. Konzelmann, M. D., Professor of Clinical Pathology, Temple University, Philidelphia. 389 pages with 79 illustrations. Philadelphia and London: W. B. Saunders Company, 1938. Cloth, $4.00 net.

This book is written especially for the medical technologist and physician who desires to do some hematology in his own office. It is well illustrated with 79 figures and 71 tables.

The author presents her subject by giving a short description of the individual subjects at the beginning of each chapter, then follows with a description of the technique which in most instances is further illustrated with tables and figures. Special mention is to be made of the interpretations given for all procedures, also lists of diseases where tests have pathological significance and further mention is to be made on the chapter dealing with the effects of roentgen, radium, ultra violet rays and splenectomy on the blood picture.

The chapter on indexes should prove valuable to most workers as it contains directions for determining normal standards.

The chapters devoted to the study of the bone marrow and vital staining are worthy of special comment. These two fields are comparatively new and the technician will find this work presented in such a manner that a working knowledge of the subject can be gained in a short time. It can be truly said that Dr. Beck has written a big little book, and it can therefore be recommended not only to the medical technologist but also to medical students and any one wishing to master the essentials of hemotologic technique.

Medicine in Modern Society. By David Riesman, M. D., Professor of the History of Medicine and Professor Emeritus of Clinical Medicine, School of Medicine, University of Pennsylvania. Pp. 226. Price $2.50. Princeton, New Jersey; Princeton University Press, 1938.

The author has expanded his Vanuxem Lectures at Princeton University to this volume. Dr. Riesman develops the theme that the history of medicine is but an epitome of the history of civilization and, as such, should be a part of every man's culture. Plea is made for a new order in medical practice; government hospital aid, medical care for the underprivileged, the subsidy of physicians in sparsely populated areas, are suggestions made. High cost of medical care is considered due to the complexity of medical care, not to the high fees of the physician. While the reader may not agree with the conclusions, he will most certainly be stimulated to increased thought along these lines. The "peaks of medical history" as presented by the author constitute most entertaining reading. Medical history is capably popularized in this work.

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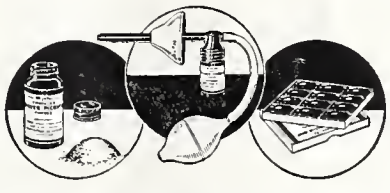

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BOOK REVIEWS

Cancer—With Special Reference to Cancer of the Breast. By R. J. Behan, M. D., Dr. Med. (Berlin), F. A. C. S., Cofounder and formerly director of the Pittsburgh Skin and Cancer Foundation, Pittsburgh. Pp. 844. 169 illustrations. Price $10.00. Saint Louis: C. V. Mosby Company, 1938.

This is a most comprehensive work on the subject of cancer; every theory of origin is discussed. Full and complete attention is given to details in the presentation of mammary malignancy. The author emphasizes the value of frozen sections and considers calcium of definite value. In addition to the specialized modes of therapy, general and adjunct treatment is fully considered.

Surgical Pathology of the Diseases of the Mouth and Jaws. By Arthur E. Hertzler, M. D., Surgeon to the Agnes Hertzler Memorial Hospital, Halstead, Kansas; Professor of Surgery, University of Kansas. Pp. 248. 206 illustrations. Price $5.00. Philadelphia: J. B. Lippincott Company, 1938.

This volume completes the author's ten-volume series on surgical pathology, a subject upon which he is eminently qualified to write with authority. Written in his usual breezy style, adhering to the principles of pathology only as he sees them, the work is refreshing to read, but above all, most informative. We believe "Pa" is gently kidding us, however, when he says in the preface: "So after thirty-five years of writing I shall trade my pen for a lollipop." No more is the pen to be traded than is the enthusiasm this beloved surgeon has for medicine, baseball and brass bands.

The Etiology of Trachoma. By Louis A. Julianelle, Ph. D., Chairman of Trachoma Commission, Washington University, Saint Louis. Pp. 248. Illustrated. Price $3.25. New York: The Commonwealth Fund, 1938.

It is almost twenty-five years since as comprehensive a monograph as this has appeared on "The Etiology of Trachoma." The discussion on clinically similar diseases will be of much value to those who see trachoma only occasionally. The author makes no effort to recommend any special treatment but confines himself strictly to the subject. The reader will find firm proof that the causative agent is a remarkably frail agent and that infection is difficult to transmit: that the agent is characterized by an exquisite tissue specialization. Good reasoning suggests the probability that the infectious agent is a virus. The bibliography is extremely exhaustive and very ingeniously arranged. This book is of much importance to ophthalmologists and in addition the subject is so intensively handled that it should be of much value to the research student in bacteriology and pathology.—E. C. M.

There is more or less larceny in all the human race, and this problem of medicine for the masses would be less difficult if those who can pay were prevented from appealing to public sympathy at the doctor's expense by mingling with the truly destitute.—Westbrook Pegler.

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COLLAPSE THERAPY OF PULMONARY TUBERCULOSIS*

CHARLES R. GOWEN, M. D.
Shreveport

One of the most interesting things in the history of medicine is the attitude of the medical profession, as well as that of the layman, to the tuberculosis problem. During one-fourth of a century of tuberculosis work I have observed a great many changes, and in reviewing the earlier literature I find there were many other changes recorded.

Up until ten or twelve years ago we had made practically no progress in the treatment of tuberculosis in the United States and very little was made in Europe. We preached fresh air, sunshine, rich food, rest, hygenic measures and tonics. Almost everything in the materia medica had been used as a specific for the treatment. The biochemical group had been exhausted. Vaccines and serums ran into hundreds. Each one claimed a definite cure. Climate has been preached from time immemorial and the climate just over the hill was always superior to the local one.

In the past few years there has been developed, and proven successful, a treatment that is the most and only rational step we have ever made in the control of tuberculosis; that is, surgical collapse of the diseased portion of the lung, which will be the subject of my discussion today. A fundamental principle has been used in handling all diseased tissues, used by the orthopedic surgeon as well as in all other branches of medicine; to bring about, as near as possible, complete rest of all tissue cells that are involved in the diseased organ. This prevents the spread of the toxins produced by these bacteria, and also the extension of the disease. Because the lung must function constantly it is most important to apply any method which will give the tissues the maximum relief. The motion acts as a pump to disseminate toxins through the blood stream and lymphatics and to scatter infection through the bronchial tree.

There are three methods by which rest of the diseased tissues may be brought about. These have proven beneficial in all climates. I will only discuss these three methods in a general way with some of their modifications and will try to point out the application of each to given cases. The technique of all of these procedures belongs strictly in a special line of work and should not be attempted by those who are untrained.

Pneumothorax, or induction of air into the pleural space to collapse the lung, is one of the three methods. Phrenic interruption, temporary or permanent, unilateral or bilateral, is another method. The third procedure is thoracoplasty; this is the removal of the ribs to allow the lung to collapse and stop the motion.

The physiological effect of collapse therapy is brought about when the thoracic cage, or that space occupied by the lung, is lessened. The compensatory mechanism of the lung adapts itself to these changes. Since we are dealing with a disease that depends on motion to cause a spread of the toxins as well as the bacilli throughout the diseased lung, anything that would bring about the complete rest of this motion would also tend to bring about spontaneous healing.

Pneumothorax is possibly the most widely used and with least danger, least equipment and least expensive to the patient. This though, is not as simple as some physicians have made it seem.

Pneumothorax was first used by Forlanini in Italy in 1882 and then later by John B. Murphy in 1898. Since that time it has gradually grown into more general use and now is very common.

The minimum time a lung should be collapsed is two years. The maximum time depends entirely on the type of lesion and extent of lung tissue involved. In dealing with a large irregular stiff wall cavity it is not safe to allow the lung to expand under three years and it is much safer to keep it collapsed for a period of from four to five years. The refills are so comparatively

* Read before the Sixty-third Annual Session of the Arkansas Medical Society, Texarkana, April 19, 1938.

simple and without danger or pain that they should be continued. To allow the cavity to open may bring an extension of the disease beyond repair. In such cases the continuance of pneumothorax far outweighs discontinuance. Each case must be handled as an individual one rather than by following any set rules as to exactly what to do in given cases and at given times.

In a few cases where it is inadvisable to repeat the injection of air we have used oil in place of air. Usually about 10% paraffin oil is used. The complication of handling the pleural adhesions in pneumothorax is done by the cutting of these adhesions next to the chest wall, either by open or closed pneumolysis.

Pneumolysis was devised by Hans Christian Jacobaeus of Stockholm in 1913. This procedure has been modified and added to by many other workers including Matson and Alexander. It is well that no one but a most highly trained operator should attempt this procedure as any tampering with a pulmonary vessel could cause an air embolism to the brain, almost always fatal to a case that might have a better chance to get well if left alone.

Case number 239, Mr. P. P. B.

This patient was a boy of eighteen years when he entered the Gowen Sanatorium in April, 1937. He had been playing baseball before entering the Sanatorium and would rest a few minutes between rounds while he was spitting blood. This case was an acute tuberculous abscess. The abscessed cavity was extremely difficult to collapse. He showed a hernia to the left side; the mediastinum is stable at the present time. The patient is apparently normal and healthy but is still taking pneumothorax. He was discharged from the Sanatorium in March, 1938.

Case number 193, Mrs. M. H.

This woman was thirty-one years of age when she entered the institution in July, 1936. She was discharged in September of 1937. She was admitted to the Sanatorium in very poor general condition and was extremely toxic. She raised about four drams of purulent sputum per day that was positive for tubercle bacilli. Following pneumothorax for several months her condition changed to apparently normal. She gained twenty-three pounds and was symptom free. She is still taking pneumothorax and is living in South Dakota.

Case number 286, Mr. W. C. D., male.

The patient entered the institution at the age of fifty-five years on March 5th, this year. His illness began in 1928. His general condition on admission was very poor. He expectorated several ounces of purulent sputum every twenty-four hours loaded with acid fast bacilli. On the second injection of air the visceral pleura was evidently punctured and a spontaneous pneumothorax developed. Fortunately it was an advantage instead of disadvantage as there was no leak into the pleural cavities. At the present time the patient is making a very speedy, uneventful comeback.

Phrenic interruption is one procedure that has very little untoward effect on the patient and can bring about a most remarkable change in the disease. In a given case with active disease the phrenic nerve should be interrupted in open cavities that have been unsuccessfully collapsed with pneumothorax, or if pneumothorax can not be continued or is being discontinued for any reason. If as much as half of the lung tissue is involved it is well to produce a permanent paralysis by taking a section of at least one inch and also destroying the available accessories that are quite common. In the earliest use of this procedure it was thought that only the lower portion of the lung was affected but we have demonstrated repeatedly that if the lung had not adhered over a large pleural surface, cavities will close in the extreme apex of the lung following phrenic paralysis. This operation is performed always under a local anesthetic, and again let me emphasize, it should not be performed by anyone except a well trained thoracic surgeon who is thoroughly familiar with the structures in the neck. Alexander says, "After having observed the frequently curative effect of phrenic paralysis on approximately sixteen hundred tuberculous patients, among whom there has not been a single death from the operation or from a postoperative complication, I am convinced that phrenic paralysis is one of the most useful measures available for the treatment of pulmonary tuberculosis, and that it is an indispensable element in a rational collapse therapy program."

Case number 142, Mrs. E. M. M., female.

This patient was admitted to the Gowen Sanatorium in September, 1935, at the age of thirty years. She had been ill since about June, 1935, having intermittent hemorrhages from the lung. She had positive sputum for tubercle bacilli and was mildly toxic. Pneumothorax was attempted with a small amount of air being introduced, but it was not sufficient to close the cavity. A phrenic crush was performed and the patient left the Sanatorium in December, 1935. She is in good health after two years.

Case number 113, Mrs. M. J. B., female.

This woman was admitted to the Gowen Sanatorium the first time at an age of sixty-five years. This was in December, 1934. Her illness had begun several years previous to her entrance. She went home after four months stay but returned within a few weeks to stay another month. In September, 1937, she again re-entered the Sanatorium for a six months stay. Her symptoms of hemorrhage, positive sputum and toxemia failed to clear up with rest. A phrenic interruption was performed and the patient has been symptom free for the past four months.

Thoracoplasty, in my opinion, is one of the most difficult surgical procedures that has been attempted. But if used properly it possibly

offers the patient suffering from tuberculosis the most permanent cure of any procedure known in the treatment of this disease.

The final result in any case where collapse therapy is used will depend on the selection of the procedure used in selecting these cases the time for the operation should be set with consideration for the general condition of the patient, the activity of the lesion, the condition of the opposite lung and any other factors that might influence the operation. Thoracoplasty should never be undertaken at any hospital or sanatorium without the complete equipment necessary to handle any possible complication. Everything must be set to meet these complications at once rather than to wait until the oxygen tent can be found and put into operation or a donor found for the proper blood transfusion.

The post-operative care should be most carefully and painstakingly followed by the senior surgeon and not left to an assistant for when complications arise they demand immediate action. In case of a blocked bronchus or a post-operative hemorrhage the experienced man can do more toward saving a life or making a patient more comfortable than the inexperienced one.

Case number 1, Miss M. H., female.

This patient was at the age of thirty-five years at the time of her first entrance to the Gowen Sanatorium in October, 1930. She has been readmitted five times in all, with stays there ranging from one month to four and five months. The onset of her illness was in 1928. The cavity opened while the patient was in the Sanatorium due to contraction of scar tissue. She had a two stage thoracoplasty. Three ribs were removed at the first stage and a large portion of three ribs and two inches of the seventh rib were removed at the second stage. The patient is now symptom free with no sputum. She is up and about.

Case number 136, Mrs. E. J., female.

At the time of this woman's entrance to the Gowen Sanatorium in May, 1935, she was fifty-two years of age. She remained at the institution for about twelve months. She had had repeated attacks of tuberculosis since 1918. Upon her entrance she had all signs of severe toxemia, with severe cough, and raised from four to six ounces of purulent sputum in twenty-four hours that was positive for tubercle bacilli. The patient was put on complete bed rest at the Sanatorium. After six months all toxic symptoms had subsided. In November of 1935 a first stage thoracoplasty was performed with the removal of first, second and third ribs. In December of 1935 her condition showed a marked improvement and the second stage was performed. The greater portion of the fourth, fifth and sixth ribs were removed; the patient stopped coughing and her general condition was much better when she left the Sanatorium. She has been in good health since that time and is up and about now, free from tubercle bacilli and symptom free.

Collapse therapy in tuberculosis is a procedure that is not to be handled by the surgeon alone and certainly not by the clinician alone. They must supplement each other, both in the pre-operative and post-operative care. In the case of pneumothorax the clinician can handle the situation alone. All operative procedure in the cases reported, other than penumothorax, was done by Dr. J. E. Heard, of Shreveport, Louisiana.

The physiological effect of collapse therapy is brought about when the thoracic cage, or that space occupied by the lung, is lessened. The compensatory mechanism of the lung adapts itself to these changes. Since we are dealing with a disease that depends on motion to cause a spread of the toxins as well as the bacilli throughout the diseased lung anything that would bring about the complete arrest of this motion would also tend to bring about spontaneous healing.

Not only has surgery made it possible to bring about a definite cure for the tuberculous patient but also a definite step forward has been taken in the public health of the community. In the past, a patient's disease might become quiescent but the open cavity remained. We all knew the individual was a constant carrier of the tuberculosis germ. Wherever he went he was a danger to everyone with whom he came into contact. There was also the danger of the disease spreading to other portions of his body. In closing the cavity by means of collapse therapy the death rate from tuberculosis has been dramatically reduced.

Any measure which can bring about such changes deserves the careful and thoughtful consideration of all medical men as well as all public health authorities.

The collapse of a tuberculous lung does not take the place of bed rest or sanatorium treatment, but does shorten such period and makes the cure more permanent. It also offers the greatest measure of protection to contacts.

A.M.A. HOTEL RESERVATIONS

Physicians planning to attend the Annual Meeting of the American Medical Association at St. Louis, May 15-19, should address requests for hotel reservations to Dr. Neil S. Moore, chairman of the hotel committee, 910 Syndicate Trust Bldg., St. Louis, Mo.

THE TREATMENT OF SCABIES*

C. B. ERICKSON, M. D.
Shreveport

There is scarcely a physician, whether general practitioner or specialist, who does not encounter scabies among his clientele. Social status does not enter into the diagnosis of scabies. The acarus effects the rich, the poor, the high, the low, the young, the old, the tender, the tough, with equal avidity. The disease is quite easily recognized in a well developed case by the symptom, nocturnal itching, and by the signs, scratch marks, burrows, papules, etc., involving the abdomen, genitals, buttocks, wrists and interdigital spaces. However, in patients addicted to the frequent use of water and soap, particularly if it be of a germicidal or antipruritic nature, the eruption is often minimized to the extent that one must sometimes diagnose the disease on suspicion. The salient diagnostic points are itching, worse after retiring, and the presence of other cases of itching in the family or home. Several cases of itching in the same family will almost invariably be scabies. Do not be misled by the statement that they have taken treatment for scabies, as without accurate advice as to the plan of treatment, any drug or prescription may fail to effect a cure.

Treatment: As I have intimated, the rigid adherence to the plan and details of treatment is essential to uniform success. I. The patient is directed to have the bed linens changed at the beginning of treatment. The top sheet should be folded over the blankets and pinned down with safety pins until the blankets can be conveniently sterilized. II. A hot bath is to be taken using a strong soap with vigorous scrubbing. III. After thoroughly drying the body the prescribed medication is to be applied beginning at the neck and covering the entire body to the tips of the fingers and downward including the ankles. Do not skip as much as the size of a pinhead. If an ointment is used, as is generally done, it is to be spread in a thin coat without rubbing. The patient is to stand in a room of a comfortable temperature for fifteen or twenty minutes at which time the skin should be barely greasy. A freshly laundered sleeping garment is donned and the patient retires to rest, perhaps the first he has had in many nights. The following morning without bathing he is to dress in fresh clothing and, if woolen or silk is to be worn, they must have been freshly dry cleaned and steamed. The above procedure should be repeated each night as many times as the drug used necessitates. During the day following the last application a final general clean up should be made, which means fresh bed linens, sleeping garment and day habiliments. A freshly dry cleaned suit or dress should be ready for this time.

There are many drugs and combinations advocated but I will mention only three, recommending two and condemning for the general practitioner one popular preparation. In most hands the U.S.P. sulphur ointment is eminently satisfactory. It should be used for five or six nights. This may be longer than is absolutely necessary but prevents an occasional recurrence. For use on infants or young children this ointment should be diluted to half strength.

The second preparation which has the advantages of freedom from the disagreeable odor of sulphur or sulphides and from irritating qualities, is an ointment of pyrethrum. This preparation used five or six nights is a not unpleasant and quite efficient one. Theoretically one should be careful not to use this on allergic individuals for fear that they may be sensitive to pyrethrum.

The preparation to be avoided for general use is the so-called Danish ointment or sulphide ointment. When freshly prepared this is unquestionably one of the most rapid treatments available. However, one seldom finds it fresh. The active principle being volatile this ointment is often no more efficacious than so much axle grease. Remember that it is essential that all infested members of the family be treated simultaneously. Insist that no more than the recommended number of applications be given, even though the patient may continue to itch slightly. This is sometimes due to the habit of itching acquired during the course of the disease. Discontinuance of the anti-scabetic and use of a simple anti-pruritic, such as calamine lotion, is all that is necessary to complete the cure.

* Read before the Sixty-third Annual Session of the Arkansas Medical Society, Texarkana, April 19, 1938.

ANNOUNCEMENT

Announcement is made that Dr. Barton A. Rhinehart's new book "GASTROINTESTINAL DYSFUNCTION" will be off the press before the date of the Arkansas Medical Society meeting, and will be on display at the booths of several of the commercial exhibits at Hot Springs.

It is understood that this book describes the beginnings of gastrointestinal diseases, rather than limiting discussion to the end results like so many other books. The subject-matter chiefly describes normal and disordered physiology, and normal and defective nutrition; and it is derived from the writings of about 400 physiologists, clinicians, and surgeons.

TUBERCULOSIS ABSTRACTS

A Review for Physicians

ISSUED MONTHLY BY THE NATIONAL TUBERCULOSIS ASSOCIATION

BITTER EXPERIENCE has taught many a practitioner to keep tuberculosis always in mind. Cough, expectoration, fatigue and other indefinite symptoms, rouse in him the suspicion that tuberculosis may be the cause. Such an attitude is good but it should be balanced by the realization that there are many conditions strongly suggestive of tuberculosis which are nontuberculous. At the 34th annual meeting of the National Tuberculosis Association there was presented a symposium on "Chronic Nontuberculous Infections of the Lung." Abstracts from one of the papers, based on experiences in the Department of Medicine, University of Chicago, are here presented:

CHRONIC NONTUBERCULOUS INFECTIONS OF THE LUNG

Bronchiectasis and abscess are the most important nonspecific pulmonary infections, especially from the standpoint of public health. A study of the clinical material accumulated over a period of 10 years results in a number of etiological and clinical observations. Roentgenological examination is a minor aid in recognizing nontuberculous infections of the lung (though necessary in diagnosing their exact distribution and extent) because the anamnesis together with physical examination leads so securely to a diagnosis.

Bronchiectasis

Of 200 patients' records with the diagnosis "bronchiectasis" admitted to the institution in a ten-year period, 140 were rejected for various reasons: i.e., bronchiectasis was diagnosed as a minor condition of little significance; it was merely registered as an impression; the bronchiectasis was a development secondary to tuberculosis. The remaining 60 cases that were studied include only those in whom moderate or pronounced symptoms of bronchiectasis were the sole reason for their having sought medical aid, in whom the presence of the condition was known and in whom a reasonable effort had been made to find extrapulmonary etiology. Almost all had an advanced degree of bronchial dilatation.

The ages of these 60 cases ranged from 10 years to 67, the average age being about 29 years. The estimated average age at the beginning of symptoms was about 14 years and the average duration of chronic symptoms about 15 years.

Primary, or predisposing conditions and the secondary or immediate cause, are recognized. The primary condition consists largely of the array of upper respiratory tract infectious diseases. Among the secondary causes, involvement of the nasal sinuses, chiefly the maxillary ones, plays the dominant role in the origin of bronchiectasis. In this series 45% had definite, and 33% indefinite, sinusitis. The discovery of a sinus condition is not only of etiological interest but of great therapeutic importance. Sinus involvement cannot be ruled out without a roentgenological examination. Treatment of sinusitis cannot be expected to influence existing bronchial dilatations except, perhaps, in the small child, but it is a prerequisite for the attempt to arrest the process.

The symptoms found in the group did not conform to current beliefs. The general condition was poor in 25% and just fair in the rest. Copious expectoration, however, occurred only in about two-thirds, and odorous sputum, supposedly an outstanding characteristic of the condition, in less than half. Hemoptysis occurred frequently enough to be eliminated as a criterion in the differentiation of bronchiectasis from other pulmonary diseases, especially tuberculosis.

One or both lower lobes were involved in 54 cases (90%). Of single lobes, the left lower one was most frequently affected (33%). There is no good explanation to offer for the frequent involvement of the left lower lobe.

The therapy of bronchiectasis, until very recently, has been a disappointing chapter. Conservative procedures, such as general manage-

ment, postural drainage, bronchial lavage, and bronchoscopic treatment, are palliative and any improvement is merely symptomatic. By meticulous care the progressive bronchial dilatation will, at best, be delayed, and the patient remains an easy victim for complicating or intercurrent disease. Collapse therapy has, on the whole, proved itself a failure. During the past few years very encouraging results have been reported from removal of bronchiectatic lobes. Lobectomy, however, requires a unilateral, or practically unilateral, involvement. In suitable cases the patient should be urged to submit to operative treatment.

Prevention Neglected

The most important of all therapies, prevention, has been sadly neglected up to now. There is a good deal of parental negligence toward chronic, upper respiratory infections and moderate chronic bronchitis in children. The threat of a severe and permanent bronchial damage is practically unknown. People to whom tuberculosis is a household word have not heard of bronchiectasis, although physicians recognize it as, next to neoplasm, the most hopeless pulmonary disease as far as restitution of the diseased part of the lung is concerned. Great concern is felt when a child aspirates a foreign body, considerable attention is paid nowadays to impairments of the respiratory function from allergic causes, but the danger of the slow and continuous drainage of infected material into the bronchial passages and of the resulting bronchitis is underestimated. And yet, it is the chief causative factor of bronchiectasis, especially of the extensive and life-threatening variety. We should venture to say that in proportion to the growing recognition of the role which chronic sinusitis has in this disease, its occurrence should decrease. At present it needs to be looked upon as a public health problem requiring the efforts of agencies concerning themselves with public health. By propaganda, examination of the sinuses, including a roentgenogram, should be suggested to the parents and guardians of all children in whom no other cause of a chronic cough can be found. The competent treatment of sinus conditions should be suggested.

The drier regions of the country offer hope to those who have, or are threatened with, chronic nonspecific infections of the respiratory tract.

Lung Abscess

While bronchiectasis is characterized by chronicity of events, lung abscess nearly always begins as an acute involvement. Its chronicity occurs from the lung's inability to rid itself promptly of infected material, while the bronchiectatic lesion is largely produced by the very process of chronic elimination. It can be estimated that an abscess becomes chronic in somewhat more than one to two months of duration of illness. The average duration until death or recovery in this series of cases was slightly over 4 months. Etiological factors were equally divided between aspiration from extrapulmonary infections and other causes. Symptoms depend upon the virulence of the invading micro-organisms and the local tissue response but chiefly upon the degree of bronchial connection with the abscess and the resulting possibility of spontaneous drainage. Physical findings comprise the whole array of pulmonary signs.

The primary aim in treatment is to assure adequate drainage of the abscess. If this cannot be done promptly, surgical drainage should not be delayed. On the other hand, most abscesses which refuse to heal spontaneously, quickly become localized and can be operated with greater safety than in the acute stage. Postural drainage by using a bed which can be tilted in all directions has been used successfully by the authors. The mortality was 50%.

Preventive measures should include education of the public and the medical and dental professions to promote dental care, warning against unwarranted and unskillful tonsillectomies and tooth extractions, and preventing upper respiratory infections.

Chronic Nontuberculous Infections of the Lung, Robert G. Bloch and Byron F. Francis, Amer. Review of Tuberculosis, Vol. XXXVIII, No. 6, June, 1938.

COMING MEDICAL MEETINGS

Arkansas Medical Society, Hot Springs National Park, May 8-10th.

American Medical Association, Saint Louis, May 15-19th.

Too often the so-called modern physician travels the beaten path to the laboratory to prove or disprove something without first taking a good look at his patient. . . . Laboratory tests should be performed and should not be discredited, but more careful study of the signs and symptoms of disease is required if one keeps faith with the old masters in medicine.—The Journal of the Medical Association of Georgia.

THE JOURNAL

OF THE

ARKANSAS MEDICAL SOCIETY

Owned by the Arkansas Medical Society and Published under direction of the Council

W. R. BROOKSHER, M. D., Editor

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NEWS—Our readers are requested to send in items of news, also marked copies of newspapers containing matter of interest to the membership.

EDITORIALS

THE ANNUAL SESSION

The Garland County Medical Society will again play the part of cordial hosts when the 64th Annual Session of the Arkansas Medical Society convenes in Hot Springs National Park, May 8th-10th. Convention headquarters will be at the Arlington Hotel where all the sessions of the Society will be held. This year the scientific program is well diversified, yet presents practical emphasis upon heart diseases and obstetrics in symposia. Distinguished guests, authorities in their respective fields, will bring valuable addresses. The presentations of the membership show an increase in number and promise much for the practitioner. The entertainment features, a pleasant feature of the annual sessions, will be arranged to provide the most in the way of good fellowship and cheer. You will miss much if you do not attend.

THE PHYSICIAN AND MAY DAY

May Day—Child Health Day—has been celebrated for many years. Originally sponsored by the American Child Health Association, it has been the agency of establishing the summer round-up and other programs of educational value looking toward the betterment of child health. The objective this year is: "To bring to the attention of each community—The importance to the child's health, development, and well-being throughout life, of proper food, rest, exercise, medical care, and protection against disease. The ways of informing parents and others how child health may be safeguarded, and the means whereby such safeguards may be made available for all children. The support of physicians is vital to the success of this commendable objective. Their participation will serve the best interests of both the public and the medical profession. Physicians may well anticipate playing increased part in the health programs of their communities in the years that are to come.

OBSTETRIC LECTURE COURSE

In cooperation with the Arkansas State Board of Health and the Childrens Bureau, Department of Labor, the Committee on Maternal and Child Welfare of the Society has arranged for the services of Dr. H. Close Hesseltine from the Department of Obstetrics and Gynecology of the University of Chicago, to give a series of postgraduate lectures on obstetrics in the state. As with former courses, these lectures are open to all licensed physicians at no charge. The following schedule will be followed:

Prescott—Mondays, May 29, June 5, 12, 19, 26, and July 3rd. Meeting place—Hotel Loda.

McGehee—Tuesdays, May 30, June 6, 13, 20, 27, and July 4th. Meeting place—Greystone Hotel.

Jonesboro—Wednesdays, May 31, June 7, 14, 21, 28, and July 5th. Meeting place—Hotel Noble.

Conway—Thursdays, June 1, 8, 15, 22, 29, and July 6th. Meeting place—Courthouse.

Fort Smith—Fridays, June 2, 9, 16, 23, 30, and July 7th. Meeting place—Saint Edwards Mercy Hospital.

The lecture hour will be 7:30 p. m. in each city. Dr. Hesseltine will give the following lectures:

1. Intrapartum, Puerperal and Postpartum Care and Puerperal Morbidity (including Analgesia and Anesthesia).
2. Prenatal Care, Hyperemesis Gravidarum and Toxemias of Pregnancy.

3. Toxemias (Continued). Induction of Labor.
4. Diagnosis and Treatment of Septic Abortion and Puerperal Infection.
5. Hemorrhage in Late Pregnancy, Labor and Puerperium.
6. Treatment of Prolonged Labor (Uterine Inertia, Dystocia, Cesarean Section, etc.).

THE MISSISSIPPI COUNTY MEDICAL SOCIETY POSTGRADUATE COURSE

Organized medicine has long been aware of the necessity and value of informing the individual physician of the newer procedures and technics and has sought in every conceivable manner to further disseminate the newer knowledge of medicine to all the profession. Within the past decade there has been an astonishing growth of clinical society sessions and state postgraduate study courses which have the common aim of increasing and modernizing the information of the practitioner. The same period has seen a great increase in the number of physicians who leave their practice and study at some center for a period of from several days to several weeks. A practical problem of the medical profession is how to devise effective methods which will afford practicing physicians the opportunities for adequate postgraduate study and, having provided such facilities, to induce physicians to utilize them. One solution of the problem appears to be decentralization of the plan of postgraduate study. With the cooperation of the Arkansas State Board of Health and the Childrens Bureau, it has been possible to conduct two such courses at selected centers in Arkansas, giving regard to accessibility for the practitioner. These have been uniformly successful. A third course starts in the state May 29th and is the subject of comment elsewhere in this issue. A new approach to the problem in Arkansas is the county society sponsored course, inaugurated by the Mississippi County Medical Society at Osceola April 4th. This course comprises a series of ten lectures, continuing each Tuesday night for ten weeks. The course is entirely free to licensed physicians and has been made possible by the cooperation of the School of Medicine of the University of Tennessee and the Mississippi County Medical Society. Remaining lectures in the schedule are: May 2, eye, ear, nose, throat; May 9th, pediatrics; May 16th, medicine; May 23rd, surgery; May 30th, obstetrics, and June 6th, eye, ear, nose and throat.

OBITUARY

JOHN CALVIN WALKER, aged 73, died at his home in Walkerville March 24th of pneumonia which followed injuries received in an automobile accident on March 21st. Born in Columbia County, he received his education in the schools of that county and formerly taught school. He graduated from the Memphis Hospital Medical College in 1904 and had practiced medicine in his home community for over 30 years. He was a member of the Scottish Rite Masonic body and senior deacon in the Walkerville Masonic lodge. Surviving relatives are his wife, six sons and two daughters.

DALE DILDY, aged 27, died at Nashville April 5th. A graduate of the University of Arkansas School of Medicine in 1936, he served an interneship at the Missouri Pacific Hospital in Little Rock and, at the time of his death, was a member of the staff of the State Hospital for Nervous Diseases at Little Rock. Surviving relatives are his wife, a son, his parents, two sisters and a brother.

WILLIAM JOHNSTON, aged 63, died at his home in Hardy April 14th. Born in Ireland, he came to Arkansas at the age of 16, and graduated from the Medical Department of the University of Kentucky in 1903. He had practiced in Sharp county since graduation, a longer period than any other physician in the county. He had served as president of the Lawrence County Medical Society, a delegate from that Society to the Arkansas Medical Society. Business interests included ownership in the Johnston Drug Company and presidency of the Johnston Motor Company at Hardy. Surviving relatives are his wife, a daughter and a son.

MORRISS HENRY, age 61 years, died at Helena April 17th of coronary heart disease. A graduate of the Memphis Hospital Medical College in 1901, he first practiced at Tuscambia, Alabama, moving to Helena in 1913. In addition to his membership in the Phillips County Medical Society, where he had served in various official capacities, and the Arkansas Medical Society, he was a member of the Methodist Church. Surviving relatives are his wife, two daughters, and a son, Dr. L. M. Henry, of Fort Smith.

Preliminary Program and Announcements

OF THE

SIXTY-FOURTH ANNUAL SESSION OF THE

ARKANSAS MEDICAL SOCIETY

HOT SPRINGS NATIONAL PARK

MAY 8, 9, 10, 1939

HEADQUARTERS—ARLINGTON HOTEL

OFFICERS

PRESIDENT—S. J. Wolfermann, Fort Smith.

PRESIDENT-ELECT—A. S. Buchanan, Prescott.

FIRST VICE-PRESIDENT—R. R. Kirkpatrick, Texarkana.

SECOND VICE-PRESIDENT—C. G. Hinkle, Batesville.

THIRD VICE-PRESIDENT—S. W. Douglas, Eudora.

TREASURER—R. J. Calcote, Little Rock.

SECRETARY—W. R. Brooksher, Fort Smith.

SERGEANT-AT-ARMS—T. P. Foltz, Fort Smith.

COUNCILORS AND COUNCILOR DISTRICTS

FIRST DISTRICT—Clay, Crittenden, Craighead, Greene, Lawrence, Mississippi, Poinsett and Randolph counties. Councilor, H. A. Stroud, Jonesboro. Term of office expires 1939.

SECOND DISTRICT—Cleburne, Fulton, Independence, Izard, Jackson, Sharp, Stone and White counties. Councilor, M. C. Hawkins, Jr., Searcy. Term of office expires 1940.

THIRD DISTRICT—Arkansas, Cross, Lee, Monroe, Phillips, Prairie, St. Francis and Woodruff counties. Councilor, T. J. Stewart, Wynne. Term of office expires 1939.

FOURTH DISTRICT—Ashley, Bradley, Chicot, Cleveland, Desha, Drew, Jefferson and Lincoln counties. Councilor, H. T. Smith, McGehee. Term of office expires 1940.

FIFTH DISTRICT—Calhoun, Columbia, Dallas, LaFayette, Ouachita and Union counties. Councilor, R. B. Robins, Camden. Term of office expires 1939.

SIXTH DISTRICT—Hempstead, Howard, Little River, Miller, Nevada, Pike, Polk and Sevier counties. Councilor, Don Smith, Hope. Term of office expires 1940.

SEVENTH DISTRICT—Clark, Garland, Hot Spring, Montgomery, and Saline counties. Councilor, Euclid Smith, Hot Springs National Park. Term of office expires 1939.

EIGHTH DISTRICT—Conway, Faulkner, Grant, Lonoke, Perry, Pope, Pulaski, Van Buren and Yell counties. Councilor, Val Parmley. Term of office expires 1940.

NINTH DISTRICT—Baxter, Boone, Carroll, Marion, Newton and Searcy counties. Councilor, D. L. Owens, Harrison. Term of office expires 1939.

TENTH DISTRICT—Benton, Crawford, Franklin, Johnson, Logan, Madison, Sebastian, Scott and Washington counties. Councilor, Clyde McNeil, Rogers. Term of office expires 1940.

STANDING COMMITTEES

(Appointments expire with annual session of the year indicated.)

SCIENTIFIC WORK—R. B. Robins, Camden, Chairman (1939); Ralph Sloan, Jonesboro (1940); E. C. Moulton, Fort Smith (1941); W. R. Brooksher, Fort Smith (1941).

MEDICAL LEGISLATION—Joe F. Shuffield, Little Rock, Chairman (1940); L. J. Kosminsky, Texarkana (1940); S. J. Allbright, Searcy (1940); Euclid Smith, Hot Springs National Park (1939); Stanley M. Gates, Monticello (1939); M. L. Norwood, Lockesburg (1941); W. G. Eberle, Fort Smith (1941).

HEALTH AND PUBLIC INSTRUCTION—W. B. Grayson, Little Rock, Chairman (1940); A. M. Elton, Newport (1940); W. B. Bruce, Helena (1940); J. B. Jameson, Camden (1939); B. L. Ware, Greenwood (1939); E. J. Munn, El Dorado (1941); H. Fay H. Jones, Little Rock (1941).

MEDICAL EDUCATION AND HOSPITALS—W. G. Hodges, Malvern, Chairman (1939); J. W. Amis, Fort Smith (1941); Alan G. Cazort, Little Rock (1941).

PUBLIC RELATIONS—W. T. Wootton, Hot Springs National Park, Chairman (1939); S. C. Fulmer, Little Rock (1940); G. R. Siegel, Clarksville (1941).

MEDICAL ECONOMICS—J. G. Gladden, Harrison, Chairman (1940); T. O. Guthrie, Smithville (1940); W. Decker Smith, Texarkana (1939); A. F. Hoge, Fort Smith (1939); F. A. Corn, Lonoke (1941); Paul Mahoney, Little Rock (1941).

SCIENTIFIC EXHIBIT—C. S. Moss, Hot Springs National Park, Chairman (1941); A. H. Hathcock, Fayetteville (1940); Geo. V. Lewis, Little Rock (1939); E. H. White, Little Rock (1940).

AUXILIARY—W. H. Mock, Prairie Grove, Chairman 1941); Hoyt R. Allen, Little Rock (1940); Don Smith, Hope (1939).

NECROLOGY—L. T. Evans, Batesville, Chairman (1941); E. E. Barlow, Dermott (1940); Thos. Douglass, Ozark (1939).

CANCER CONTROL—Fred H. Krock, Fort Smith, Chairman (1940); J. S. Stell, Hot Springs National Park (1939); L. M. Smith, Russellville (1941).

SPECIAL COMMITTEES

MATERNAL AND CHILD WELFARE—S. A. Thompson, Camden, Chairman; Clyde D. Rodgers, Little Rock; G. D. Murphy, El Dorado; J. H. Sanderlin, Little Rock; J. T. Matthews, Heber Springs; J. O. Rush, Forrest City; P. H. Phillips, Ashdown; J. H. Fowler, Harrison; C. A. Archer, DeQueen; W. G. Klugh, Hot Springs National Park; Earle H. Hunt, Clarksville; S. P. McConnell, Booneville; L. H. McDaniel, Tyronza; I. F. Jones, Fort Smith; W. A. Snodgrass, Jr., Warren.

HEART—A. A. Blair, Fort Smith, Chairman; A. G. Sullivan, Hot Springs National Park; Alan A. Gilbert, Fayetteville.

CONTROL OF SYPHILIS—D. W. Goldstein, Fort Smith, Chairman; Louie G. Martin, Hot Springs National Park; O. C. Melson, Little Rock.

POSTGRADUATE STUDY—D. A. Rhinehart, Little Rock, Chairman; Joe F. Shuffield, Little Rock, Secretary; W. W. Verser, Harrisburg; E. L. Watson, Newport; M. C. John, Stuttgart; E. E. Barlow, Dermott; D. E. White, El Dorado; H. E. Murry, Texarkana; G. A. Hebert, Hot Springs National Park; H. E. Mobley, Morrilton; J. F. John, Eureka Springs; C. T. Chamberlain, Fort Smith; S. C. Fulmer, Little Rock; M. J. Kilbury, Little Rock; H. W. Hundling, Little Rock; Jerome S. Levy, Little Rock.

STUDY OF MIDWIFERY—H. T. Smith, McGehee, Chairman; Fount Richardson, Fayetteville; M. C. Hawkins, Jr., Searcy; J. M. Lemons, Pine Bluff.

LIASON WITH ARKANSAS TUBERCULOSIS ASSOCIATION—A. C. Shipp, Little Rock, Chairman; H. A. Stroud, Jonesboro; Guy Hodges, Rogers.

SURVEY OF NEED AND SUPPLY OF MEDICAL CARE—A. S. Buchanan, Prescott, Chairman; S. W. Douglas, Eudora; C. G. Hinkle, Batesville; R. R. Kirkpatrick, Texarkana; M. E. McCaskill, Little Rock.

HISTORY OF ARKANSAS MEDICAL SOCIETY—Frank Vinsonhaler, Little Rock, Chairman; M. L. Norwood, Lockesburg; E. F. Ellis, Fayetteville; Robert Caldwell, Little Rock; W. T. Wootton, Hot Springs National Park; H. Moulton, Fort Smith; J. M. Lemons, Pine Bluff; E. E. Barlow, Dermott; D. A. Rhinehart, Little Rock; W. H. Mock, Prairie Grove; L. J. Kosminsky, Texarkana; F. O. Mahony, El Dorado; M. E. McCaskill, Little Rock; Geo. B. Fletcher, Hot Springs National Park; O. J. T. Johnston, Batesville.

LOCAL COMMITTEES

Garland County Medical Society

GENERAL CHAIRMAN—H. H. Preston.

RECEPTION—Geo. B. Fletcher, J. H. Chestnutt, J. M. Proctor, A. H. Tribble.

PUBLICITY—Leonard Ellis, Euclid Smith, F. M. Burton.

FINANCE—S. D. Weil, O. H. King, W. E. Gray.

MEETING PLACES—C. H. Lutterloh, O. A. Smith, L. E. King.

SCIENTIFIC EXHIBITS—A. G. Sullivan, F. J. Scully, E. A. Purdum.

INFORMATION—Foster Jarrell, F. M. Adams, W. G. Klugh.

TRANSPORTATION—O. J. MacLaughlin, Jack Ellis, R. E. Hannon.

GOLF—T. N. Black, W. F. Porter, C. H. Nims.

COMMERCIAL EXHIBITS—D. B. Stough, W. M. Blackshare, Jett Scott.

ENTERTAINMENT—H. H. Preston, F. S. Tarleton, M. B. Bowman.

BADGES—W. E. Gray, D. C. Lee, C. E. Garratt.

LADIES' ENTERTAINMENT—W. T. Wootton.

ANNOUNCEMENTS

The registration desk will be located in the lobby of the Arlington Hotel and will be open from 8:00 a. m. to 5:00 p. m. May 8th, 9th and 10th. The desk will also be open Sunday afternoon, May 7th, from 4:00 to 6:30 p. m. Delegates are requested to register as early as possible, presenting credentials at the time of registration. Members and visitors are also requested to register and receive the official badge and program. Admission to all sessions will be by badge. Bring your 1939 membership card to facilitate registration. Members of the American Medical Association from any state may register as guests.

PAST-PRESIDENTS' BREAKFAST

The Past-presidents will convene in annual breakfast session, Wednesday, May 10th, at 7:30 a. m., in a dining room of the Arlington Hotel.

MEETINGS OF THE COUNCIL

The Council of the Arkansas Medical Society, including the Past-presidents, will meet at noon each day in a private dining room of the Arlington Hotel immediately following the adjournment of the morning session.

GOLF

The tournament for the Dewell Gann, Jr., cup will be conducted according to announcements made during the session. Each player is requested to bring his club handicap with him as the tournament will be played according to these official handicaps. Additional prizes will be offered for second, third and fourth places.

The Arkansas State Pediatric Society will meet at 10:00 a. m., Monday, May 8th, in the Arlington Hotel. The Scientific Program will be followed by a round-table luncheon.

PROGRAM

HOUSE OF DELEGATES

First Meeting, Arlington Hotel, May 8th, 9:00 a. m.

Meeting called to Order by S. J. Wolfermann, President.

Calling Roll of Delegates.

Report of Credentials Committee.

Introduction of Fraternal Delegates.

Adoption of Minutes of the Sixty-third Annual Session as published in the June, 1938, issue of The Journal of the Arkansas Medical Society.

Appointment of Reference Committee.

President's Address to the House of Delegates.

REPORT OF COMMITTEES

SCIENTIFIC WORK—R. B. Robins, Chairman.

MEDICAL LEGISLATION—Jos. F. Shuffield, Chairman.

HEALTH AND PUBLIC INSTRUCTION—W. B. Grayson, Chairman.

MEDICAL EDUCATION AND HOSPITALS—W. G. Hodges, Chairman.

PUBLIC RELATIONS—W. T. Wootton, Chairman.

MEDICAL ECONOMICS—J. G. Gladden, Chairman.

SCIENTIFIC EXHIBIT—C. S. Moss, Chairman.

NECROLOGY—L. T. Evans, Chairman.

CANCER CONTROL—Fred H. Krock, Chairman.

HEART—A. A. Blair, Chairman.

STUDY OF MIDWIFERY—H. T. Smith, Chairman.

SURVEY OF NEED AND SUPPLY OF MEDICAL CARE—A. S. Buchanan, Chairman.

MATERNAL WELFARE—S. A. Thompson, Chairman.

POSTGRADUATE STUDY—D. A. Rhinehart, Chairman.

AUXILIARY—W. H. Mock, Chairman.

CONTROL OF SYPHILIS—D. W. Goldstein, Chairman.

HISTORY OF ARKANSAS MEDICAL SOCIETY—Frank Vinsonhaler, Chairman.

LIASON WITH ARKANSAS TUBERCULOSIS ASSOCIATION—A. C. Shipp, Chairman.

REPORT OF THE STATE MEDICAL BOARD OF THE ARKANSAS MEDICAL SOCIETY—L. J. Kosminsky, Secretary.

REPORT OF DELEGATE TO THE AMERICAN MEDICAL ASSOCIATION—W. R. Brooksher.

REPORT OF THE COUNCIL—Val Parmley, Chairman.

REPORT OF THE TREASURER—R. J. Calcote.

REPORT OF THE SECRETARY—W. R. Brooksher.

REPORT OF COUNSEL—Hon. Peter A. Deisch.

REPORT OF FRATERNAL DELEGATES.

NEW BUSINESS.

The following amendments to the Constitution and By-Laws of the Society were proposed at the annual session of 1938.

To amend Article IX, Section 2, to read as follows: "The President-elect, the Vice-presidents, the Secretary, and the Treasurer shall be elected annually, each to serve a one-year term. On the expiration of his term as President-elect, that person shall automatically succeed to the Presidency and shall serve as President for the ensuing year. Each year five Councilors shall be elected, each to serve a two-year term. All officers shall serve until their successors are installed."

To amend Chapter IV, Section 2 of the By-Laws, where it states "thirty days prior to the annual meeting" to read "March 1st."

SELECTION OF THE COMMITTEE ON NOMINATIONS—Selection to fill vacancies on The State Medical Board of the Arkansas Medical Society. Vacancies occur in the First, Fourth and Fifth Congressional Districts.

ADJOURNMENT.

SCIENTIFIC SESSION

MONDAY, MAY 8TH, 1:30 P. M.

CALLING THE SOCIETY TO ORDER—S. J. Wolfermann, President.

INVOCATION—Rabbi A. B. Rhine.

ADDRESS OF WELCOME—Hon. Leo P. McLaughlin, Mayor, Hot Springs National Park.

ADDRESS OF WELCOME ON BEHALF OF THE GARLAND COUNTY MEDICAL SOCIETY—D. B. Stough, President.

RESPONSE ON BEHALF OF THE ARKANSAS MEDICAL SOCIETY—Earle H. Hunt, Clarksville.

PRESIDENT'S ANNUAL ADDRESS:

"American Medicine and the National Health Program," Morris Fishbein, Chicago.

"The Postoperative Care of the Average Abdominal Case," George V. Lewis, Little Rock.

"Cardiotoxic Goiter," A. E. Hertzler, Halstead, Kansas.

"Use of Aciform in the Treatment of Chronic Rheumatic Disorders," F. J. Scully, Hot Springs National Park.

"Appendicitis in Children," Joseph Brenneman, Chicago.

MONDAY, MAY 8TH

Wilson's Tavern, four miles south of Hot Springs National Park on state highway 7. The Garland County Medical Society will be hosts to the members and guests of the Society with their wives at a dutch supper honoring Drs. A. E. Hertzler and Morris Fishbein. The hours are 4:30 p. m. to 7:30 p. m. Attention is directed to the fact that the public session opens promptly at 7:45 p. m. in the Arlington Hotel.

PUBLIC MEETING

MONDAY, MAY 8TH, 7:45 P. M.

Arlington Hotel

CALLING THE MEETING TO ORDER—D. B. Stough, President, Garland County Medical Society.

INVOCATION—Rev. Robert Lee Baird, Episcopal Church.

INTRODUCTION of Dr. S. J. Wolfermann, President, Arkansas Medical Society.

ADDRESS—**"The New Deal in Medicine,"** Arthur E. Hertzler, Halstead, Kansas.

ADDRESS—**"Fads and Quackery in Healing,"** Morris Fishbein, Chicago.

BENEDICTION—Rev. Robert Lee Baird, Episcopal Church.

MEMORIAL SESSION

TUESDAY, MAY 9TH

First Presbyterian Church

INVOCATION—Rev. Marion A. Boggs, First Presbyterian Church.

SELECTION—First Presbyterian Church Choir
Mrs. Rena Caldwell, Director;
Miss Catherine Lea, Organist.
"Souls of the Righteous"—Noble.

ADDRESS—L. T. Evans, Batesville, Chairman, Committee on Necrology.

SELECTION—First Presbyterian Church Choir
"Still With Thee"—Foote.

BENEDICTION—Rev. Marion A. Boggs, First Presbyterian Church.

IN MEMORIAM

Harvey Doak Wood, Fayetteville, May 13, 1938.
Matt S. Dibrell, Van Buren, June 1, 1938.
James R. Autrey, Columbus, June 17, 1938.
Jesse Johnson Willingham, Fort Smith, June 30, 1938.
Thomas Ellsberry Gray, Winslow, July 11, 1938.
James Foster Merritt, Hot Springs National Park, August 11, 1938.
Vernon Tarver, Star City, September 11, 1938.
Thomas M. Fly, Little Rock, September 21, 1938.
James Houston Lamb, Paragould, September 21, 1938.
Maurice Farvish Lautman, Hot Springs National Park, September 23, 1938.
Orvis E. Biggs, Hot Springs National Park, October 17, 1938.
Joseph Lowrey Baird, Marked Tree, October 31, 1938.
Andrew J. Hamilton, Rison, October 31, 1938.
Homer Scott, Little Rock, November 1, 1938.
Eugene A. Hawley, Texarkana, November 4, 1938.
Edward Everett Shell, Prescott, November 18, 1938.
Andrew S. Gregg, Fayetteville, November 21, 1938.
Amos W. Troupe, Pine Bluff, November 21, 1938.
William A. Purifoy El Dorado, November 25, 1938.
Octavius Lamar Williamson, Marianna, November 26, 1938.
Carl G. Davis, Hot Springs National Park, December 3, 1938.
Ephriam Graeme McCormick, Prairie Grove, December 12, 1938.
Oscar Barksdale, West Memphis, December 18, 1938.
Owen G. Blackwell, Pine Bluff, January 6, 1939.
Lawrence Lloyd Purifoy, El Dorado, January 7, 1939.
James Houston West, McCrory, January 29, 1939.
Joseph B. Trice, Van Buren, February 10, 1939.
Hercules R. Webster, Texarkana, February 16, 1939.
Christopher C. Gray, Batesville, February 17, 1939.
Walter Barwick Bruce, Helena, February 22, 1939.
John Calvin Walker, Walkerville, March 24, 1939.
Dale Dildy, Little Rock, April 5, 1939.
William Johnston, Hardy, April 14, 1939.
Morriss Henry, Helena, April 17, 1939.

SCIENTIFIC SESSION

TUESDAY, MAY 9TH, 9:00 A. M.

Arlington Hotel

"Electrocardiography," S. A. Thompson, Camden.

"Heart Diseases From Which the Patient Can Recover," Fred W. Harris, Little Rock.

"The Value of Drugs in the Treatment of Cardiac Disease," Tinsley R. Harrison, Nashville, Tennessee.

"The Relationship Between Heart Disease and Chronic Pulmonary Affections," Charles T. Chamberlain, Fort Smith.

"Some Experiences in the Treatment of Cancer," E. D. Twyman, Kansas City, Missouri.

"Treatment of Non-Institutional Cases of Pellagra, With Case Reports," C. N. Bogart, Forrest City.

SCIENTIFIC SESSION

TUESDAY, MAY 9TH, 1:30 P. M.

"Fractures and Dislocations of the Neck," Jos. F. Shuffield, Little Rock.

"Fractures of the Neck of the Femur," W. R. Cubbins, Chicago.

"The Use of X-ray in Chest Examinations by the Physician in General Practice," J. D. Riley, State Sanatorium.

"Urogenital Tuberculosis," H. Fay H. Jones and T. Duel Brown, Little Rock.

"Painful Nephroptosis and Its Treatment," J. C. Pennington, Nashville, Tennessee.

"Some Problems in Rectal Diagnosis," H. E. Murry, Texarkana.

"The Importance of Differential Diagnosis of Lesions in the Anus, Rectum and Lower Sigmoid Colon," Ralph E. Crigler, Fort Smith.

"Adenoma of the Recto-Sigmoid and Its Relationship to Carcinoma of the Rectum," H. G. Hummell, Little Rock.

SECTION ON OPTHALMOLOGY AND OTOLARYNGOLOGY

TUESDAY, MAY 9TH, 9:00 A. M.

Arlington Hotel

PRESIDENT—O. H. King, Hot Springs National Park.
VICE-PRESIDENT—Virgil Payne, Pine Bluff.
SECRETARY—Raymond C. Cook, Little Rock.

"Treatment of Sinus Disease," Jack Agar, Little Rock.
Discussion opened by Virgil Payne, Pine Bluff.

"My Experience With Sulfanilamide in the Treatment of Opthalmic Diseases," K. W. Cosgrove, Little Rock.
Discussion opened by O. H. King, Hot Springs National Park.

"Tracheotomy," O. M. Marchman, Dallas.
Luncheon at 12:30 p. m. with roundtable discussion.
Business meeting.

TUESDAY, MAY 9TH

Arlington Hotel, 7:30 P. M.

Annual Banquet Session.
Tickets $2.50. Reservations must be made by noon May 9th.

SCIENTIFIC SESSION

WEDNESDAY, MAY 10TH, 8:30 A. M.

Arlington Hotel

"Treatment of Chronic Empyema," Harvey Shipp, Little Rock.

"Repair of Open Wounds and Deformities Resulting From Burns," Louis T. Byars, Jr., Saint Louis.

"Treatment of Ante-partum Hemorrhage," B. J. Reaves, Little Rock.

"The Management of the Prolonged First Stage of Labor," Louis Rudolph, Chicago.

"Analgesia and Anesthesia in Obstetrics," Clyde D. Rodgers, Little Rock.

"Obstetrics in the Small Hospitals," John H. Wilson, Dyess.

HOUSE OF DELEGATES

WEDNESDAY, MAY 10TH, 1:30 P. M.

CALLING THE MEETING TO ORDER—S. J. Wolfermann, President.

ROLL CALL.

REPORT OF NOMINATING COMMITTEE.

ELECTION OF OFFICERS:

- President-Elect.
- First Vice-President.
- Second Vice-President.
- Third Vice-President.
- Treasurer.
- Secretary.
- Five Councilors.
- Delegate to the American Medical Association.
- Alternate to the American Medical Association.

REPORT OF THE REFERENCE COMMITTEE.

REPORT OF COMMITTEES.

NEW BUSINESS.

ADJOURNMENT.

FINAL GENERAL SESSION

WEDNESDAY, MAY 10TH

(Immediately after adjournment of the House of Delegates)

CALLING THE MEETING TO ORDER—S. J. Wolfermann, President.

UNFINISHED BUSINESS.

PRESENTATION OF PRESIDENT A. S. BUCHANAN.

PRESENTATION OF THE PRESIDENT-ELECT.

NEW BUSINESS.

SELECTION OF PLACE OF NEXT MEETING.

ADJOURNMENT SINE DIE.

FELLOWSHIP IN THE AMERICAN MEDICAL ASSOCIATION

Members of the Arkansas Medical Society are again reminded that only Fellows of the American Medical Association are eligible to register and participate in the coming annual session of the Association at Saint Louis, May 15th-19th. While members may become fellows at the time of registration, time and convenience suggest the advisability of affiliation prior to the session. The state secretary will be glad to facilitate action on applications for fellowship if such are received in time and are accompanied by remittance of eight dollars in payment of annual fellowship dues.

PROCEEDINGS OF SOCIETIES

The Lawrence County Medical Society was addressed March 14th by J. F. Jackson on "Immunity" and by J. C. Land on "The Family Physician."

T. C. GUTHRIE, Secretary.

The Pulaski County Medical Society was addressed April 3rd by M. J. Kilbury, "Bacteriology of the Blood Stream."

E. H. WHITE, Secretary.

The Hot Springs Academy of Medicine was addressed April 4th by S. A. Thompson, Camden, "Some Heart Problems in the Smaller Centers," and R. B. Robins, Camden, "Some Remarks on Head Injuries" (with lantern slides and motion pictures).

Clay County Medical Society has elected the following officers: President, J. P. Hiller, Pollard; Vice-President, W. J. Blackwood, Rector; Secretary-treasurer, J. P. McGuire, Piggott; Delegate, W. J. Blackwood, Rector, and Alternate, N. J. Latimer, Corning.

The Second Councilor District Medical Society met in dinner session at Batesville April 10th, for the following program: "Prematal and Postnatal Care in Obstetrics," E. H. White, Little Rock, and "Feeding the Normal Infant," Sam Phillips, Little Rock.

The Franklin County Medical Society met March 29th at Ozark. A. S. J. Clarke, medical director of the 16th district, outlined the public health program to be conducted in the district.

THOS. DOUGLASS, Secretary.

The Third Councilor District Medical Society met at Forrest City April 13th for the following program: "Anesthesia and Obstetrics," J. C. Ayres, Memphis; "Infectious Diarrheas in Children," R. B. McCormick, Memphis; "Duodenal Ulcer from the Medical and Surgical Standpoint," S. J. Wolfermann, Fort Smith, and "Compulsory Sickness Insurance," W. R. Brooksher, Fort Smith. The evening banquet session was addressed by Rev. Otis L. Graham, Texarkana. The Society will next meet in Stuttgart during October.

The Benton County Medical Society met in dinner session at Gravette April 13th for the following program: J. T. Powell, Gravette, "Cranial Trephining and Results"; Clyde McNeil, Rogers, "Sulfanilamide," and for a paper by J. S. Thompson, Gravette.

Geo. M. Love, Secretary.

The Sixth Councilor District Medical Society met at Hope April 6th for the following program: "Hypoglycemia in Children," T. E. Strain, Shreveport; "Chronic Duodenal Pathology," J. E. Knighton, Sr., Shreveport; "Socialized Medicine," S. J. Wolfermann, Fort Smith, and "Acute Traumatic Cranio-Cerebral Injuries," T. P. Foltz, Fort Smith. A dinner and business session followed the scientific program. The following officers were elected: President, J. C. Graves, Lockesburg; Vice-president, Jim McKenzie, Hope, and Secretary-treasurer, C. C. Hanchey, DeQueen. The Society will next meet at Texarkana.

The Conway County Medical Society met in dinner session at St. Anthony's Hospital, Morrilton, March 23rd for the following program: "Socialized Medicine," S. J. Wolfermann, Fort Smith, and "Roentgen Therapy in Infections," W. R. Brooksher, Fort Smith.

W. P. SCARLETT, Secretary.

Dr. and Mrs. J. S. Rinehart and Dr. and Mrs. C. S. Early of Camden entertained the Ouachita County Medical Society and Auxiliary with a delightful dinner at the Episcopal Parish House in Camden Thursday night, April 13th. Speakers for the occasion were Senator R. K. Mason of Camden and Dr. Frank Vinsonhaler, Dean of the University of Arkansas Medical School.

R. B. Robins, Secretary.

The Pulaski County Medical Society was addressed April 17th by B. P. Briggs on "Chronic Non-Tuberculous Lung Infections in Children."

E. H. White, Secretary.

The Sebastian County Medical Society was addressed April 11th by Chas. T. Chamberlain on "Sulfapyridine."

Ralph E. Weddington, Secretary.

PERSONALS AND NEWS ITEMS

The following were in attendance at the March session of the Dallas Southern Clinical Society; C. A. Archer, DeQueen; C. E. Benefield, Fort Smith; B. A. Bennett, Little Rock; W. S. Ellis, Fordyce; I. G. Jones, DeQueen; Wm. Mck. Parker, DeValls Bluff, and R. T. Smith, Little Rock.

James Lewis, Fayetteville, has been elected treasurer of the Washington County Welfare Committee.

Elizabeth Fletcher Dishongh, Little Rock, addressed the Little Rock Science Club March 21st.

Robert Hood, Russellville, has been elected chairman of the Pope County Welfare Board.

O. C. Melson, Little Rock, has been re-elected governor for Arkansas of the American College of Physicians.

The Arkansas Tuberculosis Association was addressed April 11th in Little Rock by H. Lee Fuller, Little Rock, "Tuberculosis in Arkansas as I Find It" and J. D. Riley, State Sanatorium, "Arkansas' Progress in Sanatorium Construction."

E. Close, Jerusalem, has been appointed a member of the Conway County Welfare Board.

Fred W. Harris, Little Rock, recently took postgraduate work in heart diseases at Saint Louis.

D. W. Goldstein, Fort Smith, has been appointed a member of the Sebastian County Welfare Board.

C. P. Sisco, Springdale, has been appointed a member of the Washington County Welfare Board.

W. C. Langston, Little Rock, recently addressed the Arkansas Eugenics Association on "The Need for Medical Research in Birth Control in the Field of Preventive Medicine."

C. A. Hardesty has been elected a director of the Paragould school board.

G. E. Watkins has moved from Boles to Mount Ida.

BORN—A son, to Dr. and Mrs. Ralph E. Weddington, Fort Smith, on March 23rd.

J. H. Hellums, Dumas, has been appointed a member of the Desha County Welfare Board.

E. H. White, Little Rock, has been elected chairman of the Arkansas Eugenics Association.

Ralph E. Crigler, Fort Smith, recently addressed a conference of Kiwanis Clubs at Conway.

Scientific Exhibits will be presented by the following at the 64th Annual Session of the Society in Hot Springs National Park: A. F. DeGroat, Raymond C. Cook, K. W. Cosgrove, Ellery C. Gay, M. C. Hawkins, Jr., Paul Mahoney and by the Metropolitan Life Insurance Company.

E. W. Pillstrom has moved from Coal Hill to Altus.

"The Maternal and Child Health Program in Arkansas" by M. E. McCaskill, Little Rock, appeared in the April issue of the Southern Medical Journal.

The following attended the convocation of the American College of Physicians in New Orleans: A. A. Blair, Fort Smith; C. T. Chamberlain, Fort Smith; John N. Compton, Little Rock; W. B. Grayson, Little Rock; L. D. Massey, Osceola; Madeline Melson, Little Rock; O. C. Melson, Little Rock; Euclid M. Smith, Hot Springs National Park; H. T. Smith, McGehee; E. J. Stroud, Jonesboro.

R. J. Calcote, Little Rock, addressed the Woman's Auxiliary to the Second Councilor District Medical Society at Batesville April 10th on "Prevention of Blindness."

S. M. Gates, Monticello, has been elected president of the Monticello Rotary Club.

F. H. Krock recently addressed the Fort Smith Kiwanis Club on "Cancer."

P. M. Smith, Magnolia, has been appointed a trustee of the Magnolia A. & M. College.

Alumni of the Tulane University of Louisiana School of Medicine will hold a reunion luncheon at the Park Hotel, Hot Springs National Park, May 9th. Guests will be Wilbur C. Smith, Director of Athletics of Tulane University and Maxwell E. Lapham, Dean-designate of the School of Medicine.

"A Critical Appraisal of the Newer Amebicides and the Results of Treatment of Amebiasis with Di-Iodo-Hydroxylquinoline," by H. G. Hummel, Little Rock, appeared in the March issue of The American Journal of Digestive Diseases.

C. B. Dixon has been elected as a director of the Kingston Health Center.

The Arkansas Tuberculosis Association elected the following officers April 11th: A. C. Shipp, Little Rock, lifetime honorary president; S. F. Hoge, Little Rock, secretary, and W. B. Grayson, Little Rock, and S. J. Wolfermann, Fort Smith, directors.

R. T. Henry has been elected a director of the Springdale Rotary Club.

W. M. Chastain has been elected a director of the Bentonville Rotary Club.

J. T. Matthews addressed a child welfare meeting at Heber Springs April 20th.

H. K. Carrington and J. H. Wilson, formerly of Dyess, are erecting a clinic building at Magnolia.

D. W. Goldstein, Fort Smith, addressed the DeQueen P.T.A. on "Cancer" April 14th.

Dr. and Mrs. B. J. Reaves, Little Rock, spent an April vacation in New Orleans.

RANDOM THOUGHTS OF THE SECRETARY

March 22nd. Receiving an announcement of X-rays at reduced rates we pause to consider that old saying about "cutting prices."

March 23rd. In nearly 100% attendance and with much enthusiasm the Conway County Medical Society greets the President. The Farm Security program must needs be further discussed as where has it not. No hospital can afford a more beautiful view than does St. Anthony's from its south side: Across the valley lies the Arkansas, its glistening water shown in brief expanse between walls of tall trees, reminding us of the gorgeous view from the lodge on Petit Jean, which we must soon revisit.

March 26th. Summoning all possible youthful enthusiasm we inaugurate the picnic season early by journeying to Devil's Den where we prepare hot dogs and hamburgers of perfection, climb up and about the rock dam, construct a small dam of our own, throw rocks, climb hills, and, in general, try our best to become a boy with the youngster for the day. Truthfully, our personal desire would have been to recline on the creek bank and take life easily, yet this unusual expenditure of energy on our part receives its just reward in the delight with which the youngster has entered into all the activities of the day.

March 28th. There must needs always be the basic groundwork in medicine if the problems of the patient are to receive kind, considerate attention and if the diagnosis is to be exact and accurate. Witness the plight of the local eye specialist whose tarry stools gave him much concern until a "family doctor" called attention to the influence of the ingestion of iron upon the stool's color.

March 31st. Helping in the celebration of the Exchange Club's birthday party, nonplussed to note that there is a national board of control for this body. Overwhelmed with the thought that this board doubtless consists of those who have made good as members of local boards of control. Our imagination fails to comprehend what a meeting of the national board would aggregate.

April 2nd. To Lake Wedington for the day and envious of this recreation spot barely beyond the limits of Fayetteville. We acquire a sunburn this early in the season but otherwise enjoy the place to the utmost. Without presumption, we hope, we suggest this for a Washington County Medical Society picnic, asking only that for the idea we get an invitation.

April 3rd. This night to a country circus, a real country traveling aggregation, dropping sophistication, and entering into the spirit of the thing with the youngster, failing to observe the tawdriness of the whole affair, seeing only the feeble glamor of the troupe. For the first time these old eyes gaze upon a Punch and Judy show in action, a heritage of the past, lacking much of thrill and amusement when compared with the cinema, so intriguing, and we wonder why, to youth and many an oldster of today.

April 5th. Before laughing too much at the current college boy craze of swallowing gold fish, stop and recall that you once wore peg-top trousers and smoked a calabash pipe. You may have even said "23-Skidoo."

April 8th. Respectfully referred to those who are want to decry the decadence of youth: Stanley Gates' son has been elected chaplain of the Sons of the American Legion.

April 9th. In the gorgeous splendor of a perfect spring day comes this Easter Sunday, reverently observed as it has been throughout the centuries for the hope of eternity which it affords mankind. What can be the thoughts of the gentle Nazarene as he views this world where the Golden Rule has been so flagrantly disregarded? Is it asking more than just a little to ask that we do unto others as we would have others do unto us? Each of us could lighten many a load and cheer many a heavy heart were we but to give better than lip service to this teaching.

April 10th. In scientific session assembled this noon, Foltz makes the sage observation that a naval officer must be an obstetrician.

April 11th. Weddington astounds the entire medical society with the report of a seven-months-old infant who, having been forward-passed between the relatives for a spell, got up out of bed and became an open-field runner. This overcome, we join the Chamberlains and Arnold to see "Dodge City," which is but a Saturday afternoon western, enlivened by technicolor. Yet the locale is remarkably that of the western Kansas plains, the beautiful blue stream of water definitely excepted. Water like that never came out of a faucet in the Lora Locke hotel nor ran in an irrigation ditch within two hundred miles of Dodge City, and the Chamber of Commerce may make the most of this.

April 13th. Crossing Arkansas with Sid Wolfermann and Earle Hunt, all in fine fettle. The day unique in two respects: Sid Wolfermann attends a medical society meeting and says not a word on socialized medicine, while for three hours, Earle Hunt speaks on all other subjects but what you think. A large crowd fills Aycock's Cafe, a memory to us for that certain hot Peach Festival day last July, when it was the one comfortable spot in Forrest City. Joining the crowd for the afterglow at C. N. Bogart's and find that Mistress B. has given up office management for the more satisfying occupation of taking care of the young son. Rush, gratified beyond words at his efforts, really arranged an excellent meeting, the Texarkana preacher winding it up in good style. Away, getting practically no sleep between the car radio and Wolfermann and Hunt in vivid conversation.

April 17th. Devoting this day to patting Dick Miller and ourselves on the back for a correct, operatively-confirmed, diagnosis of scalenus anticus syndrome.

April 19th. Nullifying any pretensions we might have made as to date of delivery from roentgen study, but possibly offering something in the way of aid to distressed obstetricians and mothers from our consultation of the past evening, the Foltzs present a second son to the world.

April 21st. With the deepest of sighs, we pass this annual session number of The Journal on to faithful Pinckney.

PRELIMINARY PROGRAM
WOMAN'S AUXILIARY
TO THE
ARKANSAS MEDICAL SOCIETY
FIFTEENTH ANNUAL MEETING
HOT SPRINGS NATIONAL PARK
HEADQUARTERS: ARLINGTON HOTEL

OFFICERS

PRESIDENT—Mrs. J. B. Crawford, Little Rock.
PRESIDENT-ELECT—Mrs. C. E. Kitchens, DeQueen.
FIRST VICE-PRESIDENT—Mrs. S. C. Fulmer, Little Rock.
SECOND VICE-PRESIDENT—Mrs. L. J. Kosminsky, Texarkana.
THIRD VICE-PRESIDENT—Mrs. C. A. Churchill, Batesville.
FOURTH VICE-PRESIDENT—Mrs. Alfred Hathcock, Fayetteville.
PARLIAMENTARIAN—Mrs. R. B. Robins, Camden.
HISTORIAN—Mrs. C. W. Garrison, Little Rock.
SECRETARY—Mrs. K. W. Cosgrove, Little Rock.
TREASURER—Mrs. S. J. Wolfermann, Fort Smith.
PUBLICITY SECRETARY—Mrs. N. B. Daniel, Texarkana.

COUNCILLORS

Mrs. C. W. Jones, Benton.
Mrs. J. T. McLain, Gurdon.
Mrs. Marcus T. Smith, Conway.
Mrs. Wm. Hibbitts, Texarkana.
Mrs. B. A. Rhinehart, Little Rock.

ADVISORY BOARD

Dr. William H. Mock, Prairie Grove.
Dr. Don Smith, Hope.
Dr. Hoyt Allen, Little Rock.

COMMITTEE CHAIRMEN

ORGANIZATION—Mrs. S. C. Fulmer, Little Rock.

EDUCATION AND PUBLIC HEALTH—Mrs. L. J. Kosminsky, Texarkana.

ILSE F. OATES LOAN FUND—Mrs. Chas. E. Oates, North Little Rock.

HYGEIA—Mrs. C. A. Churchill, Batesville.

PUBLIC RELATIONS—Mrs. Alfred Hathcock, Fayetteville.

CONSTITUTION AND BY-LAWS—Mrs. W. E. Gray, Hot Springs National Park.

MEMORIAL—Mrs. H. King Wade, Hot Springs National Park.

FINANCE—Mrs. I. F. Jones, Fort Smith.

EXHIBITS—Mrs. Pierre Redman, Mena.

PHYSICAL HEALTH EXAMINATION—Mrs. W. H. Whitehead, DeWitt.

ARCHIVES—Mrs. T. G. Porter, Hazen.

JANE TODD CRAWFORD MEMORIAL—Mrs. P. H. Phillips, Ashdown.

DISTRICT COUNCILLORS

Mrs. T. S. Hare, Crawfordsville.
Mrs. O. J. T. Johnston, Batesville.
Mrs. E. D. McKnight, Brinkley.
Mrs. Charles Dixon, Gould.
Mrs. Warren Riley, El Dorado.
Mrs. H. E. Murry, Texarkana.
Mrs. Curtis Jones, Benton.
Mrs. B. A. Rhinehart, Little Rock.
Mrs. D. K. McCurry, Green Forest.
Mrs. Loyce Hathcock, Fayetteville.

PROGRAM

MONDAY, MAY 8, 1939
Arlington Hotel

9:00 A. M.—REGISTRATION—Arlington Hotel.

10:00 A. M.—EXECUTIVE BOARD MEETING—Ladies' Parlor, Arlington Hotel.

12:00 M.—EXECUTIVE BOARD LUNCHEON, HONORING COUNTY PRESIDENTS—Arlington Hotel ($1.00 tax).

GENERAL SESSION

2:00 P. M.—OPENING OF MEETING—Mrs. D. B. Stough, President, Garland County Auxiliary.

INVOCATION—Mrs. Jack Stell, Hot Springs National Park.

ADDRESS OF WELCOME—Mrs. Charles Travis Drennan, Hot Springs National Park.

INTRODUCTION OF STATE PRESIDENT—Mrs. J. B. Crawford, Little Rock.

RESPONSE TO ADDRESS OF WELCOME—Mrs. E. D. McKnight, Brinkley.

REPORTS OF OFFICERS.

REPORTS OF COMMITTEE CHAIRMEN.

ANNOUNCEMENTS OF SPECIAL COMMITTEES.

REPORT OF A.M.A. AUXILIARY CONVENTION—Mrs. Wm. R. Brooksher, Fort Smith.

REPORT OF THE SOUTHERN MEDICAL AUXILIARY CONVENTION—Mrs. W. Turnor Wootton, Hot Springs National Park.

REPORT OF ENTERTAINMENT COMMITTEE.

PUBLIC MEETING

MONDAY, MAY 8TH, 7:45 P. M.
Arlington Hotel

CALLING THE MEETING TO ORDER—D. B. Stough, President, Garland County Medical Society.

INVOCATION—Rev. Robert Lee Baird, Episcopal Church.

INTRODUCTION of Dr. S. J. Wolfermann, President, Arkansas Medical Society.

ADDRESS—**"The New Deal in Medicine,"** Arthur E. Hertzler, Halstead, Kansas.

ADDRESS—"**Fads and Quackery in Healing,**" Morris Fishbein, Chicago.

BENEDICTION—Rev. Robert Lee Baird, Episcopal Church.

MEMORIAL SESSION

TUESDAY, MAY 9TH

First Presbyterian Church

INVOCATION—Rev. Marion A. Boggs, First Presbyterian Church.

SELECTION—First Presbyterian Church Choir
Mrs. Rena Caldwell, Director;
Miss Catherine Lea, Organist.
"Souls of the Righteous"—Noble.

ADDRESS—L. T. Evans, Batesville, Chairman, Committee on Necrology.

SELECTION—First Presbyterian Church Choir
"Still With Thee"—Foote.

BENEDICTION—Rev. Marion A. Boggs, First Presbyterian Church.

IN MEMORIAM

Mrs. Jennie Eberle, Fort Smith, December 19, 1938.

GENERAL SESSION

TUESDAY, MAY 9, 1939

Ladies' Parlor, Arlington Hotel

9:30 A. M.—CALL TO ORDER—Mrs. J. B. Crawford, President.
INVOCATION—Mrs. C. H. Nims.
READING OF MINUTES.
ADDRESS—Dr. S. J. Wolfermann, President Arkansas Medical Society.
ROLL CALL AND REPORT OF COUNTY PRESIDENTS.
REPORT OF REGISTRATION AND CREDENTIAL COMMITTEE.
ELECTION OF OFFICERS.

1:00 P. M.—LUNCHEON—Arlington Hotel—Mrs. C. A. Lutterloh, Toastmistress ($1.00 tax).
INVOCATION—Mrs. H. King Wade.
INTRODUCTION OF PAST PRESIDENTS.
PRESIDENT'S REPORT—Mrs. J. B. Crawford.
INSTALLATION OF OFFICERS.
ADDRESS BY INCOMING PRESIDENT—Mrs. C. E. Kitchens, DeQueen.

4:00 P. M.—TEA AT THE COUNTRY CLUB.

5:30 P. M.—POST CONVENTION BOARD MEETING AT THE COUNTRY CLUB—Mrs. C. E. Kitchens, Presiding.

TUESDAY, MAY 9th

Arlington Hotel, 7:30 P. M.

Annual Banquet Session.

Tickets $2.50. Reservations must be made by noon May 9th.

WEDNESDAY, MAY 10, 1939

9:00 A. M.—GOLF TOURNAMENT.
P. M.—RIDES AND MOVIES.

LOCAL COMMITTEES

ENTERTAINMENT—Mrs. Turnor Wootton.
LUNCHEONS—Mrs. Charles Garratt.
TRANSPORTATION—Mrs. O. A. Smith.
DECORATIONS—Mrs. S. B. Steele.
TICKETS—Mrs. J. B. Strachan.
REGISTRATION—Mrs. Wm. K. Smith.
TEA—Mrs. Gaston A. Hebert.
RECEPTION—Mrs. Hansel Preston.
PUBLICITY—Mrs. George B. Fletcher.
GOLF—Mrs. Charles Garratt.

COUNTY PRESIDENTS—1938-1939

Arkansas—Mrs. R. H. Whitehead, DeWitt.
Carroll—Mrs. Henry Kirby, Harrison.
Clark-Nevada-Hempstead—Mrs. R. L. Bryant, Arkadelphia.
Crittenden—Mrs. J. H. Matthews, Earle.
Garland—Mrs. D. B. Stough, Hot Springs National Park.
Independence—Mrs. G. T. Lamon, Cave City.
Johnson—Mrs. G. R. Siegel, Clarksville.
Lonoke-Prairie—Mrs. T. E. Benton, Lonoke.
Madison—Mrs. J. F. Walker, Combs.
Monroe—Mrs. E. D. McKnight, Brinkley.
Miller—Mrs. Roy Baskett, Texarkana.
Ouachita—Mrs. R. B. Robins, Camden.
Pulaski—Mrs. W. A. Snodgrass, Little Rock.
Saline—Mrs. John Ashby, Benton.
Southeast Arkansas—Mrs. J. H. Burge, Lake Village.
Sevier—Mrs. J. S. Hendricks, DeQueen.
Union—Mrs. Warren Riley, El Dorado.
Washington—Mrs. Alfred H. Hathcock, Fayetteville.
First District—Mrs. T. S. Hare, Crawfordsville.
Third District—Mrs. E. D. McKnight, Brinkley.
Fifth District—Mrs. Warren Riley, El Dorado.
Ninth District—Mrs. D. K. McCurry, Green Forest.

WOMAN'S AUXILIARY

MRS. N. B. DANIEL, Publicity Secretary
Texarkana, Ark.

The Woman's Auxiliary to the Union County Medical Society won the first prize of fifty dollars in Group I Auxiliaries in a recent contest for subscriptions to HYGEIA.

The Crittenden County Auxiliary to the Arkansas Medical Society met in March at the home of Mrs. T. S. Hare in Crawfordsville, with a delightful luncheon opening the spring meeting. Mrs. J. H. Matthews presided.

After an important business meeting the following officers were elected for two years.

Mrs. J. T. Irby, president; Mrs. H. S. Watson, vice-president; Mrs. J. L. Blalock, secretary; Mrs. J. H. Matthews, treasurer; Mrs. T. S. Hare, program chairman and delegate to the Hot Springs convention; Mrs. R. H. Ray, public relations; Mrs. Parker of Clarkedale, historian.

In April an open meeting will be sponsored by the Auxiliary to which the public will be invited to come and hear the following subject discussed: "Medicine and the Public."

Dear Co-Worker:

I am sure you are looking forward to the coming Saint Louis Session of the American Medical Association and

its Auxiliary Convention as we are anxious to have you here.

Mrs. Willard Bartlett, the General Chairman in charge of Women's Activities, has asked me, as Sub-Convention Chairman, to request you to give special attention to publicity of the Saint Louis Convention in your state.

You will find adequate material and Convention news in the March issue of the News Letter.

Thank you for your trouble, I remain,

Sincerely,

Jeanne H. Luedde.

(Mrs. Fullerton W. Luedde).

Speaking on the "Duties of Doctors' Wives" at a luncheon in her honor at the Albert Pike hotel April 6th, Mrs. Charles C. Tomlinson, Omaha, national president of the Women's Auxiliary to the American Medical Association, said that it is the duty of every member of the auxiliary to maintain an indirect interest in legislation.

Mrs. Tomlinson urged that every doctor's wife become familiar with all proposed legislation that touches on public health, but that no direct action should be taken except for the prevention of pernicious acts.

"Another important function of the auxiliary," she added, "is to become the connecting link between the laity and the doctor's profession. This can only be done by correctly interpreting scientific facts concerning the medical profession to the layman."

In conclusion Mrs. Tomlinson urged auxiliary members to intensely study and acquire knowledge of medical problems so as to discuss them before groups far removed from the medical profession.

The speaker was introduced by Mrs. J. B. Crawford, state president of the Auxiliary. Mrs. W. A. Snodgrass, county chairman, presided at the luncheon.

Mrs. Tomlinson arrived from Omaha Thursday morning, and left Little Rock late Thursday night for Louisiana. She became national president last June.

March was quite a busy month for Washington County Auxiliary. We had ten at our dinner meeting at the hotel the first Tuesday night. Then when our state president was here we had a lovely luncheon. We had it at Mrs. Alfred Hathcock's home. The dining table was a shower of pink snapdragons and beautiful silver. Small tables were also decorated in the same flowers, and the living room.

In the afternoon Dr. J. W. Workman, pastor of the Central Methodist Church, was our speaker, after which Mrs. Crawford gave her talk and members asked many questions.

Tuesday, March 21st, we sponsored a shower for our City Hospital. Sheets, pillow cases, towels, baby clothes and pictures were given. There were 83 sheets and other things in proportion. Several large pictures were given. We feel that this is the best project we have sponsored. This shower seems to indicate we still have substantial friends in Fayetteville.

We have also taken in one new member in March.

Sue R. Hathcock,
Fayetteville, Ark.

Hostesses at the March luncheon meeting of the Women's Auxiliary to the Bowie and Miller Counties Medical Societies, held March 24th at Hotel McCartney were Mrs. R. H. T. Mann, Mrs. William Hibbitts, Mrs. A. W. Roberts, Mrs. Kirk Mosley, and Mrs. Harry Murry.

The tables were beautiful with white iris and fern as the central theme, with other bouquets of the same flowers placed about the club room.

Special guests at the luncheon were the essay winners in a recent public health contest, sponsored by the Auxiliary, who read their splendidly prepared papers.

"How the Life Span of Man Has Been Increased Through Health Education" was the subject of Miss Martha Sue Beasley, successful contestant in the Arkansas Junior High School, and Miss Lucille Gibson, winner in the Sacred Heart School.

Tony Wakin, of Providence Academy, and James Marcus DePrato, of Texas Junior High School, were successful among the boys. Their subject was "Benefits Derived from Public Health Units."

Mrs. J. T. Robison was in charge of the program.

Those present, other than mentioned, were: Mrs. Roy F. Baskett, Mrs. N. B. Daniel, Mrs. Allen Collom, Jr., Mrs. T. F. Kittrell, Mrs. L. H. Lanier, Mrs. P. H. Phillips (Ashdown), Mrs. Decker Smith, Dr. Frances Spinka, Mrs. Joe E. Tyson, Mrs. E. M. Watts, and Mrs. Perry Priest.

Mrs. J. H. Burge entertained the Auxiliary to the Southeast Medical Society at a dinner in her lovely new home on March 20th, while the doctors were being entertained at a fish fry at the McGehee-Burge Lodge by the staff of the Lake Village Infirmary. The home of Dr. and Mrs. Burge was gayly decorated with the flowers of early spring.

Following the dinner the Auxiliary went into a business session, at which time the following officers were elected: Mrs. J. H. Burge, of Lake Village, president; Mrs. Charles Leverett, of Eudora, vice-president; Miss Elizabeth Douglas, of Eudora, secretary and treasurer; Mrs. M. C. Crandall, of Wilmot, publicity chairman.

After a short discussion of local problems, the meeting adjourned until a later call at Dermott in April.

Mrs. M. C. Crandall, Publicity Chairman.

Mrs. I. Fulton Jones was elected president of the Auxiliary to the Sebastian County Medical Society April 10th, when the Auxiliary members met at the home of Mrs. Ruth Moss Carroll for luncheon at 12:30 o'clock and the annual election of officers.

Mrs. Jones will success Mrs. A. A. Blair as president; Mrs. Blair automatically becomes first vice-president. The other officers elected are Mrs. W. F. Adams, secretary, to succeed Mrs. Thomas Price Foltz; Mrs. B. Wayne Freer, treasurer, succeeding Mrs. Charles T. Chamberlain.

Mrs. W. R. Brooksher was hostess for the luncheon. Mrs. J. S. Southard, vice-president, presided at the meeting in the absence of the president, Mrs. A. A. Blair. The nominating committee comprised Mrs. Walter Eberle, Mrs. Everett Moulton and Mrs. D. W. Goldstein.

Mrs. Raymond Smith, chairman of the Hygeia committee reported that 28 subscriptions for the Journal had been sold this year.

Luncheon guests were Mrs. J. S. Southard, Mrs. I. Fulton Jones, Mrs. B. B. Bruce, Alma; Mrs. Raymond Smith, Mrs. W. F. Adams, Mrs. Everett Moulton, Mrs. Charles T. Chamberlain and Mrs. W. F. Rose.

Mrs. W. F. Rose,
Publicity Chairman for the Auxiliary of the Sebastian County Medical Society.

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Abbreviations: Original Article (O); Editorial (E); Special Article (Sp); Book Review (BR); Obituary (Ob); Resolution (R).

BOOK REVIEWS

Surgical Treatment of Hand and Forearm Infections. By A. C. J. Brickel, M. D. Pp. 300. 166 illustrations, 35 plates, 10 in color. Price, $7.50. Saint Louis: The C. V. Mosby Company, 1939.

The first part of the book discusses the detailed anatomy of the hand and forearm with original dissections as a basis. In addition to the special surgical procedures which are indicated, proper attention is paid to general surgical technic. The synovial sheaths and bursae are shown by means of contrast media roentgenograms, a noteworthy feature. The volume is well-prepared in its entirety and a valuable addition to the surgeon's library.

Injection Treatment of Varicose Veins and Hemorrhoids. By H. O. McPheeters, M. D., F. A. C. S., formerly Director of the Varicose Vein and Ulcer Clinic, Minneapolis, and James Kerr Anderson, M. D., F. A. C. S., Instructor in Surgery, University of Minneapolis School of Medicine. Pp. 315. 82 illustrations. Price, $4.50. Philadelphia: F. A. Davis Company, 1938.

This monograph presents the injection treatment of varicose veins and hemorrhoids in a practical manner for actual clinical work. The text is detailed, yet concise. The difficulties are shown with the manner of their handling should they occur.

Surgical Anatomy. By C. Latimer Callander, A. B., M. D., F. A. C. S., Associate Clinical Professor of Surgery and Topographic Anatomy, University of California Medical School; Member of Founders' Group of the American Board of Surgery; Member of American Association of Traumatic Surgery; Associate Visiting Surgeon to the San Francisco Hospital. With a Foreword by Dean Lewis, M. D., Sc. D., LL. D., F. A. C. S. Second Edition, entirely reset. 858 pages with 819 illustrations. Philadelphia and London: W. B. Saunders Company, 1939. Cloth, $10.00 net.

A second edition of this volume is tribute to its general acceptance. Anatomical landmarks and features are well described in relation to surgical techniques. The author has endeavored to carry correct anatomic detail not only into paths of surgical approach, but also in the depiction of the steps of most of the standardized operations. Profuse and excellent illustrations contribute much to the book's practical value. Newer fields in nerve surgery in connection with the scalenus anticus and cervical rib syndromes as well as in the surgery of the intervertebral disks have been included. Familiarity with this volume will greatly aid the surgeon with his operative technique.

The Complete Guide to Bust Culture. By A. F. Niemoeller, A. B., B. S., M. D. Pp. 160. Price $3.50. New York: Harvest House, 1939.

This is a sane, conservative volume on a subject which is of tremendous interest to women. Physiology and anatomy are adequately presented for the lay reader. The author discusses in satisfactory detail the influence of diet, posture, exercise, massage, as well as the effects of pregnancy and lactation. Emphasis is placed upon harmful contrivances and meddlesome surgery.

Gonorrhea in the Male and Female. By P. S. Pelouze, M. D., Assistant Professor of Urology, University of Pennsylvania; Consulting Urologist to Delaware County Hospital; Special Consultant to United States Public Health Service; Member of Board of Directors, American Social Hygiene Association and American Neisserian Medical Society. Third Edition, Thoroughly Revised. 489 pages with 144 illustrations. Philadelphia and London: W. B. Saunders Company, 1939. Cloth, $6.00 net.

This continues to be a classic in the discussion of gonorrhea. A close study of this work by all those attempting the treatment of this disease, and an application of both its "Do's" and its "Do Not's," would come nearer to bringing about a complete eradication of gonorrhea than any publicity campaign under the existing conditions. The consideration of the various complications, their prevention and treatment, is particularly complete. The reviewer, however, has had a much more satisfactory experience with sulfanilamide than the author. This chapter is the weak part of this volume.